



School's Out! Enrichment Clubs

Trimester 1

September 11, 2023 - December 15, 2023



Student Name _____ Grade _____ Teacher _____

Billing Contact _____ Relationship _____ Telephone _____

Billing Address _____ Zip Code: _____

TRIMESTER 1 CLUBS WILL BEGIN ON 9/11/2023

ENROLLMENT MAY TAKE UP TO THREE DAYS. STUDENTS MAY BEGIN ATTENDING UPON RECEIPT OF A SCHEDULE.

PLEASE MARK YOUR CHILD'S FIRST AND SECOND CLUB CHOICE PER DAY BY MARKING "1" & "2".

MONDAY

Puzzles & Games (1st-3rd)	<input type="checkbox"/>	Girls on the Run (3rd-5th)	<input type="checkbox"/>
No Bake Cooking (1st-3rd)	<input type="checkbox"/>	Chess & Strategy Games (3rd-6th)	<input type="checkbox"/>

TUESDAY

Beginner LEGO Club (1st-3rd)	<input type="checkbox"/>	FIRST LEGO League Challenge (4th-6th)	<input type="checkbox"/>
Gym Time (1st-3rd)	<input type="checkbox"/>	OCS Taskmaster (4th-6th)	<input type="checkbox"/>

WEDNESDAY

Variety Club (1st-3rd)	<input type="checkbox"/>	Rock Climbing (4th-6th)	<input type="checkbox"/>
FIRST LEGO League Explore (1st-3rd)	<input type="checkbox"/>		<input type="checkbox"/>

THURSDAY

S.T.E.A.M. (1st-3rd)	<input type="checkbox"/>	I'mPossible Painters (4th-6th)	<input type="checkbox"/>
Girls on the Run M & Th (3rd-5th)	<input type="checkbox"/>		<input type="checkbox"/>

FRIDAY

Social Grace (1st-2nd)	<input type="checkbox"/>	FIRST LEGO League Challenge (4th-6th)	<input type="checkbox"/>
Yoga (3rd-5th)	<input type="checkbox"/>		<input type="checkbox"/>



School's Out! Registration Form
a Nita M. Lowey 21st CCLC Program
Ossipee Central School, (603)539-4589
Program Director: Aimee Lussier
Site Director: Emily O'Blenes



Student Name _____ Grade ____ DOB ____/____/____ Gender _____
Classroom Teacher _____ Siblings: _____
Mailing Address: _____ Town _____ Zip _____
Street Address: _____ Town _____ Zip _____
Mother/Guardian Name _____ Phone #: _____
Father/Guardian Name _____ Phone #: _____
** EMERGENCY CONTACT PERSON _____ Phone #: _____

If there are any restrictions on who may NOT pick up your child, please provide the necessary documentation.

List the names of persons (other than the parent or guardian listed above) who have permission to pick up your child:

Name _____ Telephone _____
Name _____ Telephone _____

DISMISSAL INFORMATION (Please check either pick-up or bus)

_____ My child will ride the late bus after the program ends. BUS STOP (from schedule): _____
Special Instructions: _____
_____ My child will be picked up promptly at 5:15 pm outside OCS.

****PROGRAM CANCELLATION****

Program cancellations will be made using the School Messenger call system.

In the case that the program is canceled due to weather or emergency, my child will:

_____ ride the 3:15 pm bus home _____ be picked up _____ other, please list: _____

RELEASE STATEMENTS (Please read and sign below)

1. I give permission for emergency medical attention. Please list all allergies, medications, or medical conditions our staff should be aware of: Allergies _____ Medications _____
Other _____
2. I give permission for my child to participate in activities that are within walking distance of the school.
3. I give permission for my child's photograph to be taken and used for publicity and on the School's Out! Website or social media.
4. I give my child permission to use the internet in supervised club settings.
5. I understand that physical activities can pose a risk of injury to students who participate in them. I take full responsibility for any injuries that might occur while my child is attending this program.
6. I do further hereby release, indemnify, and hold harmless the Governor Wentworth Regional School District, the Governor Wentworth Regional School District employees, or any and all of them, from any claims arising from the activities in connection with my or my child's participation.

Parent/Guardian Signature

Date