



Del Norte

After School Program

2011-2012

The Del Norte After School Program provides a safe and positive environment for children in grades K-6. We offer an energetic program that includes assistance on homework from our qualified staff. Some other features include outdoor activities, enriching learning experiences and more! It is our goal to ensure that children are given an opportunity to acquire the skill, knowledge, and attitudes needed to make informed choices for a healthy body and mind!

Hours & Location:

Monday – Wednesday / Friday: 2:30 – 6:00

Thursday: 1:30- 6:00

** We follow the San Juan Unified School District calendar

Location will be in the Junior Lounge

Fees:

\$125 per month for members

\$235 per month for non-members

Daily rate: \$12.50 for members

\$ 18.00 for non-members

Daily Schedule:

2:30-3:00 Sign in, Snack time

3:00-4:30 Homework Time

4:30-5:00 Outside play/ Organized Activity

5:00-6:00 Inside Activity

Del Norte
After School Program Emergency Form

Child's name _____ M / F Date of Birth _____

Address _____

Parent's Name _____ Home phone _____

Work phone(s) _____ Cell phone _____

If my child is ill or has an emergency and I cannot be reached, please contact:

Name _____ Phone _____

Name _____ Phone _____

Person, other than parents, that is authorized to pick up child from club:

Name _____ Relationship _____

Please mark any of the following that apply to your child:

Epilepsy: ____ Heart Condition: ____ Nose bleeds: ____ Migraines: ____ Asthma: ____

Allergies: Bee Stings: ____ Peanuts: ____ Medication: ____ Please describe _____

Physical Limitations: _____

Medications: _____ Current Dosage: _____

Name of Insurance: _____ ID # _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Any other health problems we should know about to assure your child's well being?

I hereby give my permission for my child, _____, to participate in the Del Norte After School Program. In consideration for participation in this program, I release Del Norte, its owners, agents, and employees from any and all liability that may arise as a result of accident or injury during to the program. In the event of a medical emergency, I give permission for a physician to provide the needed medical care for my child.

Parent/ Guardian Signature

Date

Del Norte

After School Program Registration Form

Student Information:

Name:

Age: _____ Grade: _____ D.O.B. _____

Parent's Name:

Address:

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

School Student Attends:

Parent's Signature: _____