

OPERATION IMPACT STEAM AFTER SCHOOL PROGRAM REGISTRATION FORM

Please print and complete each item neatly. Please check the dates you will participate. Food will be provided by Ermirios Italian Restaurant. Please be at the Library by 3:15 p.m. Only 30 students can participate.

PROGRAM DATES: November 8 November 30 December 6 February 23 March 29 April 12

STUDENT INFORMATION

Name: _____

Grade: 5th 6th 7th 8th Male Female **Grade Average:** _____

Home Phone #: _____ **Cell#** _____

Email(s) _____

Home Address: _____

How will your child be getting home? walking Pick up*

*Pick up: Please give name(s) and contact information of all people authorized to pick up child:

Please pick up your child on time. If students are not picked up on time, Operation Impact staff will have no choice but to contact law enforcement or other authorities to pick them up. Staff leaves by 5:45 p.m.

In case of emergency please contact: _____

I give permission for Operation Impact staff to review my child's school data (test scores, report cards and other measures), for the purpose of assessing the academic effectiveness of Operation Impact STEAM After School Program. I also give permission for Operation Impact Staff to monitor my student's progress and to give my child evaluation surveys to find out if services are helpful for my child.

During your child's attendance in the Operation Impact STEAM After School Program, s/he may be participating in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

My child may may not be photographed by the program for promotional purposes.

As parent/guardian, I give permission for my child to participate in Operation Impact STEAM After School Program. I understand that I hold the Buffalo Soldiers Association of West Point, Inc, its officers, agents, and volunteers harmless from any and all liability or claims which may arise out of or in connection with the Operation Impact STEAM After School Program.

Parent/Guardian Signature: _____ Date: _____