

2018-2019
Caney Valley SLAM Afterschool Program
Monday - Thursday
Start time 3:00pm to pick up time 6:00pm
Enrollment Form K-5th grade

Student Name: _____

Male/Female: _____ Grade Level: _____ Teacher: _____

Parent/Legal Guardian: _____ City: _____

Parent/ Guardian EMail address: _____

Phone Numbers:

1: _____ 2: _____ 3: _____

List all persons allowed to pick up your child other than parent/guardian listed above:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

How will your child get home from SLAM (Check all that apply)?

Pick up _____ Walk/ Ride bike _____ Bus(RD 2400, Ramona or Vera drop off) _____

Please remember that the bus is the SLAM bus and it does not go to homes only 3 drop offs.

I hereby give permission for my child to (please check all that you agree to):

_____ PG (Parental Guidance) movies

_____ PG 13 (Parental Guidance 13 and older) movies

_____ Photographs of my child may be put on the SLAM Caney Valley School Private Facebook page only available to Parents and Guardians, not public

Please check all that apply:

I hereby give permission for my child to participate in the SLAM program.

I understand that Caney Valley Public Schools and staff do NOT assume responsibility for injury.

In case of emergency I hereby give permission to the SLAM program to secure proper medical treatment for my child including transportation to the nearest medical facility/hospital.

I give permission for my child to ride the school bus daily and/or field trips.

I have read, understand and agree to abide by the rules and responsibilities of the Family Contract.

Signature parent/guardian _____ Date _____