2020-2021
Caney Valley SLAM Afterschool Program
Monday - Thursday
Start time 3:00pm to pick up time 6:00pm
Enrollment Form K-5th grade

Student Name:________________________________________________________
Grade Level:________  Teacher:________________________
Parent/Legal Guardian:________________________________ City:____________
Parent/ Guardian Email address:__________________________________________

(Email is VIP I will be sending group information throughout the year to keep you better
informed about changes and upcoming events.)

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. If it is bus please say the
location)?
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:

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

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 an 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________________