

**White Pine Middle School After School Club  
Student Information Record/Parent Agreement 2023-2024**



Please return to the **Community Education Office** (not the White Pine office)

Date: \_\_\_\_\_ Grade \_\_\_\_\_

Name of Student (First, Last) \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

1<sup>st</sup> Parent/Legal Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

2<sup>nd</sup> Parent/Legal Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Allergies, Special Needs  
\_\_\_\_\_

**Please initial and sign:**

- I understand it is my responsibility to notify the after school staff of any changes notated on the Student Information Record form. Students will not be released to someone not listed.
- I understand that I must call the after school club to report an absence when my student is scheduled to attend. A \$10 fee can be charged if additional staff time is required to locate my student.
- I understand that there is a daily charge based upon scheduling, not attendance, and there are no credits or refunds for absences.
- I understand that schedules with payments are due each week no later than 6 pm each Thursday. Schedules/payments turned in after 6 pm on Thursday will incur a \$20 late fee. The online scheduling and payment option is for credit card payments. That deadline is 8 am Monday morning of the same week. (see the After School Club facilitator for details and instruction sheet. Family Access is needed to use the online option.)
- I understand that the club closes each day at 6 pm and a late pickup will incur a late fee of \$15 for each 10 minutes.
- I understand that the club closes each day at 6 pm and is NOT open on half-days or full-days of No School.
- I understand that any Non-Sufficient Fund payments will incur a \$20 fee. The payment and fee must be paid in full with cash or money order within 2 days in order for my child to continue to attend the program.

In addition to agreeing to the above listed information, I give permission to the After School Club to secure emergency medical and/or surgical treatment for the above named student while in our care.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

On the **BACK SIDE** of this form, list **ALL** individuals, other than the above listed parent(s)/guardian(s), to whom your student may be released or contacted in case of an emergency in order of preference.

List ALL individuals (other than the above listed parent(s)/guardian(s)), to whom your student may be released or contacted in case of an emergency, in order of preference: Please list a Code Word to use in case of any changes to this form or those authorized to pick your child(ren) up from the ASC.

CODE WORD: \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to Student \_\_\_\_\_