Date of Appication {Office use only) Enteredinto Database. \_\_

**Fuller Middle School Explorers Club**

**After School Registration 2016-2017**

Child Name \_

Last First Middle

Age \_ Grade \_

oMale oFemale Home Room. \_\_

Address. Framingham,MA Zip Code.\_\_\_\_\_

Parent/Guardian (1) \_

Relationshipto Child aMother

oOther Relative

oFather DFoster Family

oGrandparent

DOther\_ \_

Phone

Home Mobile Work

Emai.l

Home address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Number, Name & Apt. City & Zip Code

Work/School location. Work/School Schedule \_\_

Parent/Guardian (2)-----------------------------­

Relatlonshipto Child oMother aFather

oOther Relattve ofoster Family

oGrandparent oOther

\_\_\_

Phone

Home Mobile Work Email

Home address·--------------------------------

Street Number,Name & Apt

Work/School locatlon Work/School Schedule \_

Parent/Guardian Signature Date

## Medical History and Emergency Consent Form

Emergency Contact Information (please provide 3 additional adults not including parent/guardian) Adult Contact #1

Name Relationship to child \_

Local Address-----------------------------

Street City State Zip

Phone

Home Work Cell

Adult Contact #2

Name Relationship to child \_

Local Address \_

Street City State Zip

Phone--------------------------------

Home Work Cell

Adult Contact #3

Name Relationship to child \_

Local Address----------------------------

Street City State Zip

Phone \_

Home Work Cell

Dietary Restrictions/Food Allergies or Other Special Considerations \_

Health and Developmental History

In order to serve your child best, please provide the following information below:

|  |  |  |
| --- | --- | --- |
| 1. Allergies (bee, food, medication)  2. Seizures/Epilepsy | o yes  o yes | o no \_  o no--------------- |
| 1. Hearing/Vision Impairments 2. Chronic Illness (asthma, diabetes) | o yes o yes | o no---------------  o no \_ |
| 1. Serious Illness 2. Emotional concerns/disorder | o yes o yes | o no---------------  o no |
| 7. Nosebleeds | o yes | o no |
| 8. I EP/504/Special limitations\* | o yes | o no |
| 9. \*\*List all Medications | o yes | o no |

#### Allergy Alert!

Please be advised that there may be students that attend the After School Program who have food allergies including ALL NUTS (peanuts and tree nuts) and EGGS. Please do not pack any food from home that may contain nuts or egg.

Parent/Guardian Signature------------------

Date------

Transportation Plan



Last First Middle Initial

My child will depart from the program by: o Bus

* Parent Pick up
* Supervised Walk by \_ o DCF Provided Van
* Other (describe) \_

## Authorization for Dismissal from Program

*I agree to adhere to the program hours and will pick up my child no later than 5:00pm.*

Igive permission for my child to be released from the program:

* NO ONE except the Parent/Guardians listed on page 1of this registration packet o To the adults listed as Emergency Contacts on page 2 of this registration packet
* Parents/Guardians,Emergency Contacts and the Authorized Adult listed below: Name Relationship to child \_

Local Address----------------------------

Street City State Zip

Phone. \_

Home Work Cell

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITNG AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. PLEASE INFORM PROGRAM STAFF OF ANY CHANGES. VERBAL OR WRITTEN PERMISSION AND PICTURE ID IS REQUIRED FOR ANYONE NOT INCLUDED ON UST ABOVE.

### Parent/Guardian Contract

Child Name. \_

Last

By signingthis contract, Iagree to terms below:

First Middle Initial

*.I* Iunderstand that no program will be provided on non-school days.

*.I* If my child is on an IEP or 504 plan,I understand that I must authorize After School to access the plan and will schedule a meeting with the After School staff to outline after school accommodations and/or provide the plan with registration.

*.I* Iauthorize After School to administer basic first aid and CPR or to seek medical care Inthe event of an emergency. Iunderstand that the program staff will make every reasonable attempt to contact me, shouldinjury occur.

*.I* Ihereby consent to my child(ren)'s participation in After School activities,including field trips requiring transportation and other off-site activities such as: visits to local parks, libraries,neighborhood walks, etc. dally from 2:30pm (12:00pm on early release days). In givingthis consent, Iagree that Iwill not bring suit against program staff or their employers for damage or personal injury incurred by my child while participating in program activities.

*.I* Photographs and/or video recordings may be taken during the program for use by Framingham Public Schools for materials and/or submitted to the media.

*.I* Iunderstand that After School reserves the right to dismiss any participant for continual behavior issues consistent with the behavior management policy as outlinedin the Family Handbook.

*.I* Iconsent to program staff sharing program and student updates with school staff.

*Cancellation Policy: Withdrawalfrom the program requires a two week written notice. The cancellation date will be counted from the date the written notification is received. Cancellations should be directed to Ms.Laura Slason Office M anager in the school's main office only.*

# Fuller Middle School

**Explorers Club After School Registration 2016-2017**

Student Name: \_ Grade: \_ HR: \_ Gender: \_

2:25-3:00

3:00-4:00

4:00-5:00

Supervised homework time with a team teacher Club time

Intramural activity

Families and students have the option of choosing to attend the program one,two or three times per week. However,the expectation is that the student will be present for all sessions of the selected club. Additionally, students have a choice of clubs for Wednesday. Please indicate your choice by placing a X on the boxes to the left. A description of the clubs can be found of the next page

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Tuesday** |  | **Wednesday** |  | **Thursday** |
| Art Club w/ Ms. DiCicco | |  | Trash to treasure w/Ms. Gillin | Art Club w/ Ms. DiCicco | |
|  | |  | Soccer Documentary Video Club w/ Mr. Kline |  | |
| Intramural for all participants | | | | | |

### Please return this form by December 14, 2016.

**Explorers Club descriptions**

##### Trash 2 Treasures

Do you like to solve puzzles and figure out problems? Do you like to use your hands *and* your mind to create exciting new designs? Then check out Fuller Middle School's new club, "Trash 2 Treasures" with Ms. Gillin! Here, we will be taking recycled materials and turning them into works of art! Using mostly found and recycled objects, we will plan and construct our own designs- from jewelry to sculptures, anything is possible!

##### Documentary Video Club

Do you have a story to tell? Are you interested in making movies? With the addition of materials in the library, you will have the chance to tell the world a story. Tell us what is important to you. Learn video editing skills from basic to those that are more advanced. Work with partners and create something great. This is an excellent opportunity to work within the school community and in the larger community as a whole. Completed movies will be shared at a Fuller Film Festival.

##### The Art Club

The Art Club will be held on Tuesdays and Thursdays and is led by Mrs. DiCicco. This club is open to all grade levels. During the Art Club, students will strengthen their skills in areas of drawing, painting, mixed media and sculpture, as well as enhance their own personal artistic vision. The Art Club will also assist in the creative needs of the school, including but not limited to signs, artwork displays, etc. Students will gain confidence in a variety of media while learning about new and emerging artists and techniques