

2019-2020 Inspiring Minds After-School Enrichment Program Application

Thank you for your application to the 2019-2020 Inspiring Minds After-School Enrichment Program. By returning this form, you and your child agree to their participation. Remember, **SPOTS ARE LIMITED.** If your application is accepted, you will be contacted to attend a mandatory parent meeting to finalize your enrollment in the program. If you do not attend the mandatory parent meeting, your application will be declined. **Please complete all parts of this document.**

Student Name: _____

Danamh/Cuandian Nama							
Parent/Guardian Name:							
School:	(Circle one)	Walk to scho	ol Pa	arent drop off	Bus	rider	
Birth Date:	Gender:			Grade enter	ed in Fa	ll 2019: ₋	
Address:							
City, State:		Zip Code:					
Cell #:	Home #:			Work #:			
Email:							
QUESTIONNAIRE:							
Did you complete other applications for siblings? Yes No							
If yes, please list their first and last names.							
What is your child's T-shirt size? (Circle	one) Youth S	Youth M	Youth L	S M	L	XL	XXL
SUBMISSION REQUIREMENTS:							
1. TURN IN YOUR APPLICATION TO	YOUR SCHOOL'S	MAIN OFFICE.	•				
2. You will be contacted if your applica-	tion has been acce	pted, and will be	e require	ed to attend a	mandat	ory par	ent meeting.
3. There will be two additional mandate	ory parent meeting	s during the pro	gram.				
4. Upon acceptance all students will be	required to partic	ipate in all educ	ational, i	recreational a	nd enric	hment	activities.
5. A strict Behavior Policy will be enforce	d. Failure to adhere	e by all rules and	regulatio	ns will result in	n remova	ıl from t	he program.
6. Program will be held at Lincoln & McG	auffey Schools. Stud	dents will be bus	ed home	, unless they a	re walke	ers or pa	rent pick-up.
Parent Signature:			Dat	te:			