

Parental / Guardian Consent for Program Participation

The advantage afterschool program runs from **2:45—6:00 p.m. Monday through Friday, each day that school is in session.** Students are encouraged to fully participate in the program so that they may benefit from all it has to offer, but attendance may be flexible as necessitated by family schedules. Student engaged in other extracurricular activities such as sports or school clubs at various times during the year may continue to attend the afterschool program as their schedule permits, whether it be for a portion of the daily program or on different days of the week.

The undersigned gives permission for _____ to participate in the Advantage After-School Program during the 2019—2020 academic year at Middleburgh Elementary School.

Parent / Guardian Signature

Date

Parental / Guardian Consent for Emergency Health Care

CHILD'S NAME: _____

I hereby give my consent for the program director of the Advantage Afterschool Program to obtain emergency health care, including arrangement of transportation to such care, for my child named above, which, in the opinion of the attending physician, is necessary to protect my child's health and physical wellbeing.

I understand that, in the event of an accident requiring surgery, I will be given prior notice of any such surgery required, unless the condition, in the opinion of the attending physician, demands immediate emergency care, of which I will be notified as immediately thereafter as reasonably possible.

Parent's Signature: _____ **Date:** _____

Printed Name of Parent: _____

5:00 Late Bus Transportation Information

This is to confirm that my child: _____, will require transportation home at the end of the Advantage Afterschool Program **via the 5:00 late bus** operated by the Middleburgh School District on the following days:

- Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Our home address is:

Street: _____

City: _____ **NY** **Zip:** _____

Parent's Signature _____ **Date:** _____

Printed Name of Parent: _____

Return the completed form to the MES Main Office (Attention Maura Green)