

2021 Save Our Children After-School Program Application

Thank you for your application to the 2021 Save Our Children After-School Program. By returning this form, you and your child agree to their participation. **Enrollment is 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.

This form must be completed in full or it will not be accepted.

Student Name: _____

Parent/Guardian Name: _____

School: _____ Grade entering in Fall 2021: _____

Birth Date: _____ Age: _____ Gender: M F

Address: _____

City: _____ Zip: _____

Cell: (____) _____ Home: (____) _____ Work: (____) _____

Email: _____

What is your child's T-shirt size? **(Circle one)** Youth S Youth M Youth L S M L XL XXL

Did you complete applications for siblings? Yes No

If yes, please list their first and last names. _____

Submission Requirements:

1. TURN IN YOUR COMPLETED APPLICATION TO THE SAVE OUR CHILDREN OF ELYRIA OFFICE.
2. You will be contacted by **August 30** if your application has been accepted. You will be required to attend a mandatory parent meeting prior to the start of the program.
3. There will be an additional mandatory parent meeting during the program.
4. Upon acceptance, all students will be required to participate in all educational, recreational, and enrichment activities.
5. A strict Behavior Policy will be enforced. Failure to comply by all policies and procedures will result in removal from the program.

Parent Signature: _____ Date: _____