



AFTER-SCHOOL PROGRAM SIGN-UP FORM

Please complete this **REQUIRED** form to sign-up your child for after-school programs taking place at the Dolores Public Library. Programs are available for Kindergarten through 8th grade students (please refer to the After-School Programs flyer for exact days & dates in which students from each grade level will meet). An authorized staff and/or volunteer of the library will meet your child at the main entrance of the Dolores Elementary at **3:35 pm**. The group will walk from school to the library together and begin our program. A snack will be provided (please notify library staff in advance, in writing, if your child has any food restrictions due to allergies/sensitivities or provide your child with an appropriate snack). The program will end at 4:45 pm. **Please pick-up your child from the library promptly at 4:45 pm.**

Students Name _____ Teacher _____ Grade _____

Parent/Guardian's Name(s) _____

Parent/Guardian's Phone #(s) _____

Parent/Guardian's Email _____

Emergency Contact Name (other than parent/guardian listed above) _____

Emergency Contact Phone #(s) _____

AFTER-SCHOOL PROGRAM PICK-UP AUTHORIZATION & RELEASE

I, _____ (parent/guardian's name) give permission for the following person(s) to pick-up my child from the after-school program. I understand that my child will only be permitted to leave with the parent/guardian or the person(s) named here unless I notify the library staff by phone at **970-882-4127** of additional person(s) authorized to pick-up my child.

Name _____ Telephone # _____

Name _____ Telephone # _____

Name _____ Telephone # _____

Parent/Guardian Signature _____ Date _____

Please list any allergies, food restrictions or special concerns for your child below:

