DOLORES PUBLIC LIBRARY
AFTER SCHOOL PROGRAM

Read stories, make art and craft projects, do STEM activities, play games, and eat snacks!

Registration begins August 8th, 2019
Programs begin Monday, September 9th, 2019

Mondays 3:45-4:45—K/1st
Tuesdays 3:45-4:45—2nd/3rd
Wednesdays 3:45-4:45—4th/5th
Thursdays 3:45-4:45—6th/7th/8th

Students in grades K-5 will be picked up at Dolores Elementary School at 3:35 and escorted to the library.

Depending upon group sizes, classes may either be held weekly, or may be split into two groups, in which case the two groups will alternate weeks.

www.doloreslibrary.org  970-882-4127  cheyenne@doloreslibrary.org
1002 Railroad Ave. Dolores, CO 81323
AFTER SCHOOL PROGRAM SIGN-UP FORM

Please complete this **REQUIRED** form to sign your child up for the after school programs taking place at Dolores Public Library. Programs are available for Kindergarten through 8th grade students (please refer to the After School Programs flyer for exact days and dates in which students from each grade level will meet.) An authorized staff member and/or volunteer of the library will meet your child at the main entrance of 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 your child up from the library promptly at 4:45 pm.**

Student’s Name ____________________________ Teacher__________________ Grade _____

Parent/Guardian Name(s)______________________________________________

Parent/Guardian Phone # (s)____________________________________________

Parent/Guardian Email________________________________________________

Emergency Contact Name (other than those listed above)________________________

Emergency Contact Phone # (s)__________________________________________

**AFTER SCHOOL PROGRAM PICK-UP AUTHORIZATION AND RELEASE**

I, __________________________________________________________(parent/guardian’s name) give permission for the following person(s) to pick my child up 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 in person or 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: __________________________

________________________________________________________

________________________________________________________
PARENT/GUARDIAN PERMISSION/LIABILITY RELEASE FOR AFTER SCHOOL PROGRAMS

I hereby give permission for ________________________________ (child’s name) to walk from Dolores Elementary School to Dolores Public Library with an authorized staff and/or volunteer of Dolores Public Library and to participate in Dolores Public Library’s after school programs.

I understand staff and volunteers will supervise the programs. If a serious illness or injury develops and medical and/or hospital attention is necessary, I give permission for emergency treatments or surgery as recommended by an attending physician. I specifically release and discharge, in advance, the Dolores Public Library, its directors, employees, and volunteers from any and all liability, whether known or unknown. I agree to accept responsibility for the risks that may occur.

I hereby agree to waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which my child may have or which may hereafter accrue as a result of my child’s participation in this program against their person or entity whether such injury or damage was foreseeable. This acknowledgment of and assumption of risk and release shall be binding upon heirs and assigns.

Parent/Guardian Name (Printed) _____________________________________________

Parent/Guardian Name (Signature) ____________________________________________

PHOTO/VIDEO AUTHORIZATION (OPTIONAL)

I hereby authorize release of my child’s name and photograph for possible news releases concerning Dolores Public Library. I understand that Dolores Public Library may take photographs or videos of the programs or activities in which my child is participating.

I give permission for the library to use photographs or videos of my child for the purpose of promoting the library and its services/programs in print or electronically. I give permission with the following understanding: no compensation of any kind will be paid to me or my child at this time or in the future for the use of my child’s likeness.

Name of Child ________________________________________________________________

Parent/Guardian Name (Printed) ________________________________________________

Parent/Guardian Name (Signature) ______________________________________________

Date Signed __________________________

PLEASE RETURN THIS FORM TO DOLORES PUBLIC LIBRARY BEFORE THE START OF YOUR CHILD’S PROGRAM.

For more information, contact Cheyenne Baber, Children’s Librarian, by phone at 970-882-4127 or by email at cheyenne@doloreslibrary.org