



# After School Program



2026-27

## About Your Child

Current grade: K 1 2 3 4

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Special diet:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Scheduled Days:

**M T W T F**

### Part-Time (1-2 days/week)

\$10.00 per month

(Discounted whole year payment of \$75)

### Full Time (3+ days/week)

\$20.00 per month

(Discounted whole year payment of \$150)

Payment due: **20th of each month**

to the Elementary office.

## Parent Information

### Parent/Guardian 1

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Mobile phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Email address \_\_\_\_\_

### Parent/Guardian 2

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Mobile phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Email address \_\_\_\_\_

## Pick up information

My child may be picked up by the following people:

- 
- 
- 
- 
- 

My child may walk or ride their bike home

Yes \_\_\_\_\_ No \_\_\_\_\_

## Release Information

I hereby give permission for my child to participate in after-school activities sponsored by LIFE.

\_\_\_\_\_ (Please Initial)

I hereby give permission for LIFE to use photos of my child and copies of my child's work for program advertisement.

\_\_\_\_\_ (Please Initial)

I hereby give permission for my Child to attend activities within the City of St. John and within 20 minutes walking distance from the school including the Skating Rink, Annex, and other possible locations as allowed.

\_\_\_\_\_ (Please Initial)

## Dismissal/Pick-up

The After-School Program ends at

**5:10 pm Monday-Thursday**

**4:50 Fridays**

Students must be picked up at this time. Please make sure your child(ren) and director know if they will be picked-up or are to walk home.

(no transportation available)

\* Students may be signed-out earlier if needed. \*

## Eligibility

Any student

**Grades K-4**

is eligible to participate in the program.

## Student Schedule

The LIFE After-School Program makes daily plans based on the number of students scheduled to attend, please contact **Brittany Perry** if your child will be absent from the program on any given scheduled day.

## Behavior Expectations

The LIFE Program will follow all behavior policies/expectations set forth in the USD 350 Handbook. Students with continual behavior issues may be suspended or dismissed from the program. I certify that I have read this form, supplied accurate information, and that documentation of physical examination and immunizations in accordance with USD 350 policy are on file at St John/Hudson Elementary School. I also understand that when my child is released at 5:10 pm, the LIFE After School Program is no longer responsible for my child.

**Please sign**

Parent/Guardian 1 \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please return this form to**  
**the Elementary office**

**For any questions, contact**

**Brittany Perry**

**Program Director**

**[whitebr@usd350.com](mailto:whitebr@usd350.com)**