

Chilton County After School Adventures

Schedule for 2023-2024

August 9 – Program Begins
September 4 – Labor Day
September 25 - eLearning Day
October 9-10 – Fall Break
October 23 - eLearning Day
November 10 – Veterans’ Day
November 20 - 24 – Thanksgiving Holidays
December 15 - January 2 – Christmas Holidays
January 12 - eLearning Day
January 19 – MLK Holiday
February 9 - eLearning Day
February 19 - Presidents’ Day
March 8 - eLearning Day
March 25 -29 – Spring Break
April 19 – Weather Day
May 24 – School Closes

Chilton County After School Adventures operates daily following the Chilton County Schools calendar. If school closes for any reason such as severe weather or power failure, there will be no after school services.

Checkouts will not begin until 4:00 pm daily!

<u>STUDENT ACTIVITIES</u>	<u>ELIGIBLE STUDENTS</u>	<u>TRANSPORTATION</u>
Academics Homework help or after school tutoring for those who need it.	Chilton County School District Students in Pre-K – 6 th Grade	Students must be picked up daily by 6:00 pm.
Enrichment Enrichment opportunities such as STEM, Art, & Music.	<u>HOURS OF OPERATION</u> Monday-Friday 3:00 pm-6:00 pm	<u>REGISTRATION</u> To register for the program, complete an application by Tuesday, August 8 th and return it to the school office.
Physical Activity Physical Education including free play and sports.	<u>PROGRAM COST</u> This program will be federally funded and will be free to Pre-K – 6 th grade students enrolled in the Chilton County School District.	<u>APPLICATIONS</u> Applications may be obtained at your child’s school or the Chilton County Schools webpage.

Chilton County Schools
After School Adventures
Registration Form
2023-2024

Student Name: _____ Grade: _____

School: Thorsby Homeroom Teacher: _____

Date of Birth: _____ Gender: _____ Ethnicity: _____ Limited English: ___ Yes ___ No

Mother/Guardian Name: _____ Employment: _____

Mother/Guardian Phone Number(s): _____

Father/Guardian Name: _____ Employment: _____

Father/Guardian Phone Number(s): _____

Address: _____

Medical Information:

Permission to seek medical treatment if unable to reach parents: _____ Yes _____ No

Doctor's Name: _____ Phone #: _____

Student Medical Conditions: _____

Student Medications: _____

Student Allergies: _____

Special Needs: _____

Accident Insurance: _____ Policy Holder: _____

Policy #: _____ Group #: _____

Additional Contact Information:

Name and phone # of the persons to call in an emergency (other than parents):

Name _____ Phone# _____ Relation _____

Name _____ Phone# _____ Relation _____

Name _____ Phone# _____ Relation _____

The following individuals are not allowed to have contact with my child:

Name: _____ Court Order on file: Yes _____ No _____

Name: _____ Court Order on file: Yes _____ No _____

I give permission for my child to be included in after school program photographs and videos. Yes _____ No _____

Parent's Signature _____ Date _____

Chilton County Schools
Aventuras después de Escuela
Solicitud de Registrar
2023-2024

Nombre de Estudiante: _____ Grado: _____

Escuela: Thorsby Maestra (Homeroom): _____

Fecha de Nacimiento: _____ Género: _____ Étnico: _____ Límite de inglés: Sí No

Nombre de Madre/Tutor: _____ Empleo: _____

de teléfono de Madre/Tutor: _____

Nombre de Padre/Tutor: _____ Empleo: _____

de teléfono de Madre/Tutor: _____

Dirección _____

Información Médica:

Permiso para buscar tratamiento médico si no puede comunicarse con los padres: Sí No

Nombre de Pediatra: _____ # de Teléfono: _____

Condiciones médicas del estudiante: _____

Medicamentos de Estudiante: _____

Alergias de Estudiante: _____

Necesidades Especiales: _____

Seguro de Accidentes: _____ Titular de la Póliza: _____

de Póliza: _____ # de Grupo: _____

Información de Contacto Adicional:

Nombre y número (#) de teléfono de las personas a llamar en caso de emergencia (que no sean los padres):

Nombre _____ # _____ Relación _____

Nombre _____ # _____ Relación _____

Nombre _____ # _____ Relación _____

Las siguientes personas no pueden tener contacto con mi hijo:

Nombre: _____ Orden judicial en archivo: Sí No

Nombre: _____ Orden judicial en archivo: Sí No

Doy permiso para que mi hijo sea incluido en fotografías y videos del programa extracurricular. Sí No

Firma de Padre _____ Fecha _____