

GROW Through What You Go Through at Johnsonville Elementary!

After-School Program Application

Return by: Friday, August 23, 2021

Contact Information:

Student Name: _____ Age: _____ Date of Birth: _____

Parents/Guardians:

1.) _____ Phone Number: _____

2.) _____ Phone Number: _____

Emergency Contacts (Other than Parents who have permission to pick up the student/students):

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

Medical Information:

List of Medications: _____

List of Known Allergies including food: _____

*We have a limited number of applicants we are able to take for the afterschool program. Please understand that your student/students ***MUST*** attend at least 80% of the days in order to remain in the program due to the requirements of our after-school grant. By signing below, you are committing to your child attending the necessary amount of days. *

Signature of Parent/Guardian _____ Date: _____