



2018-2019
After/Extended School Program
Registration Form
Lewis J Bennett High School of Innovative Technology

This program is an initiative of the Superintendent's "New Educational Bargain," focusing on "Extended Learning Excellence for All Our Students." The goal of the 2018-2019 After/Extended School Program is to provide quality, sustainable, extended time programs to help students become healthy, college and career ready, contributing members of their community. The District Extended Learning model for 2018-2019 is a 3-part framework, placing an emphasis on strategies that support a whole-child approach to learning:

1. Academic Enrichment – activities that supplement, enhance or reinforce what is learned during the regular school day
2. Positive Youth Development – encourage students to develop into well-rounded, college and career ready adults
3. Health and Wellness – promote healthy eating, physical recreation activities, nutrition and health

Please complete the following so that a spot may be reserved for your child in the After/Extended School Program. Transportation and a meal will be provided.

PLEASE PRINT CLEARLY and FILL OUT COMPLETELY

This completed application is due to your child's homeroom teacher by September 17, 2018 in order for your child to be registered in the Extended Learning program.

Student's Name:				
Parent/Guardian's Name:				
Student Information:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Room#:	Teacher's Name:
Home Address:				
Zip Code:				

Contact Information:	Home Phone: _____	Cell Phone: _____	Work Phone: _____
<p>Please let us know how your child will be getting home from after school:</p>	<input type="checkbox"/> My child will walk home <input type="checkbox"/> My child will be picked up *Name of the person picking up child _____ Relationship to child _____ Phone number of the person picking up child _____ <input type="checkbox"/> My child will be riding the bus home		

Emergency Contacts:	<u>EMERGENCY CONTACT #1</u>
	Name: _____
	Address: _____
	Relation to Child: _____ Telephone: Home # _____ Cell # _____ Work # _____
	<u>EMERGENCY CONTACT #2</u>
	Name: _____
	Address: _____
	Relation to Child: _____ Telephone: Home # _____ Cell # _____ Work # _____

Would you like to be pre-registered for BPS Community School events such as Saturday Academies and Parent Center activities? Please Circle: YES No

I give permission for child may be photographed by the After School program.

Parent/Guardian Signature: _____ Date: _____

List any allergies, or indicate "none":	
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Parent Signature: _____ Date: _____