



## WASHINGTON LATIN AFTERSCHOOL ENRICHMENT PROGRAM FOR MS

# MAGIS REGISTRATION

Registration and initial payment should be returned by the Friday before session begins.

Student name and grade \_\_\_\_\_

Student name and grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent Email \_\_\_\_\_

Primary phone \_\_\_\_\_

Is this a cell phone that we can text?  Yes  No Preferred Communication Mode  Phone call  Text

Student(s) will participate in the Latin Program full-time (Monday-Thursday)

Student(s) will participate on a part-time basis on the following day(s) every week:

Monday

Tuesday

Wednesday

Thursday

My student(s) will drop in on an as-needed basis. (Please complete this form to make use of this option)

My student(s) will enroll in certain programs according to interest as indicated below.

### Programs

Students may sign up for one to four programs during each session. Please indicate all the programs in which you would like to enroll your child.

**Cooking Club** (begins 10/15/18 for 6 weeks)

Mondays

**STEM Club** (including Movie Making)

Mondays & Thursdays

**Dance 'n' Step**

Tuesdays & Thursdays

**Sports and Games**

Monday

Tuesday

Wednesday

Thursday

**Board Games**

Monday

Tuesday

Wednesday

Thursday

## Payment

- Enclosed is my check or money order payable to Washington Latin for \$\_\_\_\_\_
  - I have paid/will pay online at [latinpcs.org/parents/make-payments](http://latinpcs.org/parents/make-payments) (access through Parent home page)
  - I am interested in learning more about financial aid for the program. Please email or call me at
- 

## Contact and commuting information

How my child(ren) will commute home from the afterschool program:

- Picked up (please list adults authorized to pick up your children, their relationship, and cell phone)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- Public transportation \_\_\_ bus or \_\_\_ Metro

- Walk/ride bike

Other/Notes

## Emergency Contact Information

- Please use my emergency contact information on file (from enrollment documents).

- Please use the following emergency contact information.

1. Name and relationship to student:

Phone/Email:

2. Name and relationship to student:

Phone/Email:

More information is available on the school web site: [www.latinpcs.org/magis](http://www.latinpcs.org/magis)

# AFTERSCHOOL BEHAVIOR CONTRACT

The **MAGIS** Afterschool Program provided by Washington Latin is considered an extension of the school and students are expected to behave in the same manner as is expected during the school day. The ability to participate in the Afterschool Program may be rescinded at any time. Program staff are responsible for the safety and welfare of those students in the program, and students should adhere to their instructions at all times. The staff has the expectation that students will:

- **Respect one another and the adults** around them at all times and will not act in a manner that is disruptive, rude or disrespectful. They will act in compliance with the school’s behavioral rules as set forth in the Family Handbook, including policies on technology use, bullying, etc.
- **Report to and remain in** the designated Afterschool Program areas unless specifically directed by a member of the school staff.
- **Not roam about** the building or grounds unsupervised.
- **Respect the space and materials** used during the program.

Program staff will take appropriate action regarding any infractions of the above and may also report such infractions to the appropriate school authorities, who may follow up on the issue and take additional action. Please note that not meeting the school’s expectations may lead to the student being removed from the program for the remainder of that session with forfeit of payment.

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We (both children and parents/guardians) have read the information above on appropriate behavior and understand and accept that participation in the **MAGIS** Afterschool Program is subject to demonstration of that behavior. We further understand that students can be barred from the program, if, in the view of the school authorities, their actions, behavior, attitude, and/or lack of compliance with expectations endanger or create problems for either the adults or the other students in the program. I further understand and accept that removal from the program will extend for the remainder of the session – no exceptions – and that there will be no refund of payment should my child(ren) be removed from the program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_