

Received: _____

**2024-2025 ONEIDA NATION SCHOOL SYSTEM
AFTER SCHOOL K – 5TH GRADE PROGRAM APPLICATION
AFTER CARE BEGINS ON **MONDAY, SEPTEMBER 9TH, 2024****

PLEASE PRINT

Student Name	Grade	Homeroom Teacher	Allergies to anything

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Parent/Guardian's Name Work Phone Number Home (Cell) Phone #

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Street Address City State Zip Code

Emergency Contact Information (Please list two people whom we can contact in case of an emergency):

Name:	Telephone:
Name:	Telephone:

My child/ren live with: Mother Father Both Parents Guardian

Who will be picking up this student? _____

Pick up time is by 4:40 p.m in front of school.

- 3 late pick ups may result in your child no longer being able to attend the program.
- Behavior issues may result in your child no longer being able to attend the program.

You will be notified, by phone (please make sure you supply a working number)
when your child is accepted or put on the waiting list.

Parent/Guardian's Signature

Date

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Employer / School Attending Work Phone Number