

Success@FLS

WHAT: Before and After school program – skill building and homework help

WHO: 6th-12th graders

WHERE: Fairlawn High School

Featuring:

- Homework Help
- Math and Reading Skill Building
- Credit Recovery at the HS level
- Career Readiness

Cost: Free – In fact students can earn incentives by coming to sessions!

Date and Times: Begins October 18th

Before school homework help – Every day from 6:45am to 7:45 am

After School:

- Middle School Students – Mon and Wed 3:15pm to 5:00pm
- High School Students – Tues and Thurs 3:15pm to 5:00pm

Extras: Field Trips – Special Events – Snacks

Questions: Contact Mr. Stekli at 937 492-5930 or email stekli@fairlawn.k12.oh.us



Department of Education

Office of Early Learning and School Readiness
School Age Child Care
Registration Form

Revised 7/11/2016

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Please complete each item. Choose N/A if item is not applicable.

Section I - Student & Family Information

School Child Attends, Child's Name, Family/Guardian Name, Family Street Address, City, State, Zip, Date of Admission, Date of Birth, Cell Phone, Home Phone, Other Phone, Call Order (1, 2, or 3)

Alternate Family Information:

Alternate Family/Guardian Name, Family Street Address, City, State, Zip, Cell Phone, Home Phone, Other Phone, Call Order (1, 2, or 3)

Section II - Authorization for Emergencies

List 3 Emergency Contacts Authorized To Take Child From The Program:

Name, Cell, Home, Other (3 columns)

List Medical Contacts, In Case Of Emergency:

Physician, Dentist, Other, Phone

Sign Grant Permission To Provide First Aid & Transportation To Emergency Care Facilities:

Date, Signature of Authorized Family Member/Guardian

If you do not want your child transported to an emergency care facility or provided first aid, describe procedures to follow:

Large empty box for describing procedures

Section III - Child's Health Information

Child's Medical/Health Needs

Child's Allergies/Treatment

Child's Dietary Needs/Restrictions

Child's Medication/s: *A Medication Form Must Be Completed For **Each** Medication Administered While In Program*

Date

Signature of Authorized
Family Member/Guardian

Fairlawn After School Program

Transportation

You have 2 options for transportation at the end of the program. We can transport your child by bus back to their regular bus stop or you can pick up your child.

Please Choose One option:

Option 1 _____ Please transport my child by bus.

Student's regular bus stop is located at _____

Option 2 _____ Either myself or someone from my emergency contact list will pick up my child after the program. Please note that pick up time is between 4:45pm and 5:00pm. Please make sure their ride is on time. **Please note we will not release student to someone not on your emergency contact list!!**

