



Wooddale Middle School  
After School Program Enrollment Form  
Enrollment Deadline: TBA

*Note: Please read carefully and complete all areas*

**Student Information**

Full Name			
Current Grade		Date of Birth	

**Parent/Guardian Information**

Full Name			
Relationship		Phone Number	
Email Address			

**Emergency Contact Information**

Full Name	
Relationship	
Phone Number	

**Medical Information**

Allergies	
Medical history that may be of importance	

**Parent/Guardian Signature and Acknowledgement**

I understand that the After School Program is a privilege at Wooddale Middle School. I have read the After School Program Parent and Student Handbook and I understand my rights and responsibilities. I understand that the policies and benefits described in the After School Program Parent and Student Handbook are subject to change at the sole discretion of Green Dot Public Schools at any time. I understand the nature of the program, the student expectations, and that student participation is voluntary. I give my child permission to participate.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_