



CHAMPS
After School Program
Enrollment Form 2022-2023
21st Century Community Learning Center
Garden County Elementary PO Box 230 800 W. 2nd Oshkosh NE 69154

Student Information

Name: _____ Grade Entering: _____ DOB: _____

Family/Guardian Information

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Best way to reach you in case of Emergency: _____
Primary Language Spoken at Home: _____

Medical Information: (Required)

Does your child have any allergies (please list): _____
You're your child require any medication during the After School Program hours?
No: _____ Yes (*Please List*): _____

Authorized to pick up (other than parent/guardian)

Name: _____ Name: _____
Name: _____ Name: _____

**I DO give permission for my child's photo published on the
CHAMPS After School Program Facebook group Page.**

**I DO NOT give permission for my child's photo published on the
CHAMPS After School Program Facebook group Page.**

***This form is for permission to attend CHAMPS as well as a reference
point for CHAMPS' supervisors. I have received, read and understand the
polices of CHAMPS Afterschool Program as well as the Garden County
School Parent Handbook.***

Parent/Guardian

Date

For office use only

Student ID # _____	Status: _____
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Let us Know

What are some things that your child is interested in?

What would you like your child to get out of the After School Program? _____

What is your main reason for enrolling your child in CHAMPS After School Program?

[Rate 1-3 with "1" being the main reason]

_____ **Academic support or enrichment**

_____ **Recreation**

_____ **Supervision**