

Walt Disney Magnet School

Tuition Based After School

4140 North Marine Drive

Chicago, IL 60613

773-534-5840 Phone

773-534-5714 Fax

2016-2017

Child's Name: _____ Grade (for 2016-2017 school-year) _____

Parent's Name: _____

Address: _____

Primary Phone: _____

Cell Phone: 1. _____ 2. _____

Work Place: _____

Work Phone: _____

EMERGENCY CONTACTS

**You must list at least two contacts that are available between 2:30 p.m.-6:00 p.m.; in the case the parent cannot be reached.

1. Name: _____
Phone: _____

3. Name: _____
Phone: _____

2. Name: _____
Phone: _____

4. Name: _____
Phone: _____

Please sign statement below:

I am confirming my child's enrollment in the Tuition Based After-School Program at Walt Disney Magnet School for the 2016-2017 school year. I agree to pick up my child by 6:00 p.m. each night, and must adhere to the Late Pick-Up Policy if I am late. I also understand After-School is an optional program offered to students and will set expectations for my child's behavior. The school reserves the right to remove any student who is a disruption to the academic and learning environment. Parents will be notified about the need for removal by both Dr. Hagstrom and Ms. Pacheco. I also understand late payment is cause for removal from the program.

Parent Signature
