



Access AfterSchool
GSMS Class Registration Form
Please return to GSMS

Student Name _____ Grade _____

Payment:
 Check Cash

Classes are \$20 each and checks are payable to Access AfterSchool.

PLEASE CHECK THE CLASS/CLASSES YOU WOULD LIKE TO ATTEND.

Snack is at 3:15 p.m. Classes start at 3:30 p.m. and end at 4:30 p.m. unless otherwise noted in description below.

	Day of the Week Class is Scheduled		
<i>Academic Classes (XLR8)</i>			
___ Homework Help	Monday		
___ Homework Help		Tuesday	
___ Math Skill Booster	Monday		
___ Math Skill Booster		Tuesday	
___ 8th Grade Humanities		Tuesday	Thursday (by appointment)

GSMS XLR8 CLASS DESCRIPTIONS

HOMework HELP

- Homework help will be provided to students who need extra time, more support and/or more guidance with homework, classwork and projects.
- Taught by Ms. Townsend, Mr. Baum and Ms. Peplin.
- Class is 1 hour. Sign up for one or both days (Monday and/or Tuesday)

MATH SKILL BOOSTER

Math Booster will help students of all grade levels with current math skills. All students are welcome including advanced ninth grade math students.

- Taught by Ms. Peterson.
- Class is 1 hour. Sign up for one or both days (Monday and/or Tuesday)

8TH GRADE HUMANITIES

8th Grade Humanities Help will offer support in both language arts and social studies. This includes, but is not limited to: essay writing, editing, projects, book reports, re-assessments and extensions. As we move into second semester, the work load for 8th grade classes can become challenging. Come receive some extra support in language arts and social studies on Tuesdays from 3:30 - 5:00 and on Thursdays by student requests. Let's get ready for high school!

- Taught by Ms. Peplin.
- Class is 1.5 hours on Tuesdays and by appointment on Thursdays.



FOR OFFICE USE ONLY
SAISID# _____

Accelerate (XLR8) Participant Permission and Health Form

This form must be signed and completed in order for your student to participate in after-school programs.

Student Name _____ Date of Birth _____ Gender _____

What school does your child attend? BMS _____ CMS _____ GSMS _____ Current Grade _____

Parent/Guardian Name _____ Phone _____

Address _____ City _____

E-mail _____ What county do you work in? Garfield ___ Pitkin ___ Eagle ___ Other ___

Media Release: I hereby provide Access AfterSchool and participating agencies permission to use film, videotape and/or photographs of the above mentioned minor for lawful promotional or informational purposes. _____ (initial to grant permission)

STUDENT HEALTH & EMERGENCY INFORMATION

Emergency Contact Name: _____ Emergency Contact Phone _____
(Other than the listed parent/guardian – to be used only if the parent/guardian cannot be reached in the event of an emergency)

Has your child had a serious illness or significant medical problem? Examples are: Asthma, convulsive disorder, diabetes, heart condition, ulcers, food allergies, epilepsy, etc.
YES ___ NO ___ If YES, give type of problem and explain _____
Is he/she currently on any medication for this problem?
YES ___ NO ___ If YES, what medication? _____
Is there any limitation on activities due to medical reasons?
YES ___ NO ___ If YES, explain _____

Emergency Treatment Release: In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by an Access representative. I hereby give permission to the medical personnel selected by an Access representative to secure any and all medical, hospitalization, dental, and/or surgical treatment. In the event medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

I, the parent/legal guardian of the above named youth, give approval for participation in Access XLR8 program. I understand that my student may be released from a class prior to the published end time if my student completes the assigned work early. I understand that Access is not responsible for my child after he/she is dismissed from the program. I assume all risks of injury whatsoever and agree to hold harmless Access and participating agencies from claim(s) of any nature arising from any activity, including transportation, connected with Access' programs. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of Access, its employees, agents, participating agencies, and volunteers. I consent to allowing my child's school to provide Access with my student's confidential information, to be used solely for program evaluation and administration.

Parent/Guardian Signature _____ Date _____

Please use the space below to provide us with any additional information to help us meet the needs of your student and family:
[Empty box for additional information]