



Afterschool/No School Program



Afterschool Program

Days:Monday - Friday
 Time:3:30 pm - 5:45 pm
 Locations:Elrod & Russell School Gym
 Grade:Kindergarten – 5th grade
 Cost per day In-City Resident:\$8
 Cost per day Out-City Resident:\$10
 Elrod Afterschool Program:attending Elrod, Hedges, or Peterson School
 Russell Afterschool Program:attending Russell or Edgerton School

If your child is being transported from a different school, you must call School District #5 at 751-3404 and receive a bus pass to Elrod or Russell School.

No School Program

Skip Out CampOctober 20, 21.....**Location:** Elrod School Gym
 Freeze Out Camp.....December 23, 26-30.....**Location:** Elrod School Gym
 Spring Break CampMarch 27 – 31.....**Location:** Elrod School Gym
 Time:7:30 am - 5:30 pm
 Ages:5 – 13 years
 Cost per day:\$30

KPR Afterschool Line at 758-7975 306 1st Ave East Fax 758-7719 Payment/Account Information

Please print **Afterschool/No School Day Program Registration 16-17**

Afterschool Location (circle): **Elrod School** **Russell School**
No School: **Oct 20 21** **Dec 23 26 27 28 29 30** **Mar 27 28 29 30 31**

Childs Name _____ Age _____ School Attending _____
 Parent or Guardian Name(s) _____ Password _____

(We will ask for the password when making changes to the account or asking for personal information)

Email _____

Mailing Address _____ City _____ Zip _____

H-Phone _____ W-Phone _____ Cell _____

Medical Info (allergies, asthma, ect.) _____

Person(s) designated whom the child may be released to, other than the parent/guardian:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I, the parent/Guardian of the above named participant, hereby give approval for child to participate in the Afterschool program and assume all risks and hazards incidental to the conduct of the activity. I hereby release, absolve, indemnify, and hold harmless the City of Kalispell, Kalispell School District 5, the organizers, sponsors, supervisors, employees, representatives, and, or all of them, for any injuries my child may sustain as a participant in the Afterschool program. (All participants are involved at their own risk. Any registration fee paid does not provide insurance.)

➡ **I HAVE READ AND UNDERSTAND THE POLICIES IN THE PARENT INFORMATION PACKET**

Signature of Parent or Legal Guardian: _____ **Date:** _____

Please check the following box if you do not want us to use photographs of your child for advertising purposes.

