



**Homework club is a safe, structured environment in which students may complete their homework. This year, the program will run from October through May from 2:25-3:45. Upon dismissal at the end of the day, students will proceed to the Oxford Street School Media Center, where they will sign in. Parents should communicate with their child before the school day if the child will be attending homework club. Parents are responsible for picking up their child promptly at 3:45.**

**Grades 3, 4, and 5 will be assigned two days per week as follows:**

- \*Grade 3 - Tuesdays and Thursdays**
- \*Grade 4 - Tuesdays and Wednesdays**
- \*Grade 5 - Wednesdays and Thursdays**

**A snack will be provided at the beginning of each session. This year, the students will have a 15 -20 minute lesson on Drug and Alcohol Prevention approximately once a week. Students will then work on their homework and upon completion may have free time to read, play board games, or have computer time. If a student is unable to participate in an appropriate manner, they will no longer be able to attend.**

**If you are interested in registering your child for Homework Club, please complete the appropriate forms and return them as soon as possible.**

**General Information:**

**Student's First and Last Name:**

\_\_\_\_\_ **Mother's Name**

\_\_\_\_\_ **Father's name** \_\_\_\_\_

**Mother's phone** \_\_\_\_\_ **Father's phone** \_\_\_\_\_

**Home address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Grade Level** \_\_\_\_\_ **Homeroom Teacher** \_\_\_\_\_

\_\_\_\_\_  
**Emergency Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency Information and Contact**

**Does your child have medical insurance? Yes** \_\_\_ **No** \_\_\_

**Doctor's name and phone number** \_\_\_\_\_

**Insurance company** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Policy number** \_\_\_\_\_ **Are all necessary immunizations current?**

**Yes** \_\_\_ **No** \_\_\_

**In case of an emergency and when the parent can not be reached, please contact:**

**Name/relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name/relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Please list any current medical conditions, medications, food or drug allergies that we should be aware of.**

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**\*\*Email address to be used to notify parent of cancellation of homework club**

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