



# STUMPTOWN SCHOOL DAYS 2016-2017

Every day will be a fun, active, and exciting after school time for your child.



Days: Monday-Friday  
Time: Dismissal Time – 5:30 PM  
Location: Muldown Elementary Cafeteria  
Age Group: K-4

Cost Per Day: \$14

Early Release Days: \$28

Full (PIR) Day: \$45

*We are not in session on National Holidays*

### Daily Schedule

3:10 – 3:45 arrival and free time

3:45 – 4:00 snack and rules

4:00 – 5:00 club time \*

5:00 – 5:30 open gym

\*Your child will choose a Mon/Wed club and a Tues/Thurs club to participate in. Clubs run for a duration of 6 weeks. Fridays will be open gym time.

Call the Parks and Recreation Office at 863-2470 if you have any questions or concerns.

For Scholarship information, contact the Parks and Recreation Office

## 2016-2017 Stumptown School Days Registration

\*\*\*PLEASE COMPLETE ALL INFORMATION BELOW\*\*\*

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent or Guardian Name(s)(print) \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ H-Phone \_\_\_\_\_ W-Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

Medical Information; special needs, allergies, medications, etc. \_\_\_\_\_

Names and Person(s) designated whom the child may be released to (list additional persons on back):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**WAIVER:** I, the parent/Guardian of the above named participant, hereby give approval for child to participate in after school and assume all risks and hazards incidental to the conduct of the activity. I hereby release, absolve, indemnify, and hold harmless the City of Whitefish, Whitefish School District, The Wave, Becker Busing, K & S Busing, the organizers, sponsors, supervisors, employees, representatives, and, or all of them, for any injuries my child may sustain as a participant in after school. (All participants are involved at their own risk. Any registration fee paid does not provide insurance.)

### I HAVE READ AND UNDERSTAND THE POLICIES WRITTEN IN THE PARENT PACKET

Signature of Parent

or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please check the following box if you do not want photographs taken of your child for advertising purposes

SEE BACK PAGE FOR SPECIFIC ATTENDANCE NEEDS

