

Wildcat Den

After School Program Registration

Please Fill Out and Return to Tracie Smith by
Thursday, September 28.



Child's Name: _____ Grade: _____ Teacher: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Select one:

_____ My child will **need transportation** after Wildcat Den

_____ My child will be **picked up** after Wildcat Den

_____ MY child will **walk** home after Wildcat Den

Address where your child will ride the bus after Wildcat Den:

Health Concerns Specific To Your Child: _____

*Your child must bring a note from a parent/guardian if they plan
not to attend on a specific day.

My Child will attend:

Every day M-F	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Begin Date:

Monday, October 2

Please Contact Jamie A. Berg with any questions:

jberg@sherman.wnyric.org Phone: 761-6121