



WESTERN WAYNE SCHOOL DISTRICT

WESTERN WAYNE MIDDLE SCHOOL

1970B Easton Turnpike, Lake Ariel, Pennsylvania 18436

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Kristen Donohue
Principal

Elizabeth Watson
Assistant Principal

September 22, 2015

Dear Parents/Guardians,

Western Wayne Middle School will be offering the after school program designed to aid students in completing their homework and engage in enrichment activities. Please read the following information regarding the program.

- The intent is to have the program begin Monday, September 28, 2015 and run until Thursday, May 19, 2016.
- The program will be available Monday – Thursday.
- The program will only run on regularly scheduled school days (i.e, it will not run on holiday vacation days or early dismissal days).
- The program will begin immediately following dismissal and continue until 5:00pm.
- Students may receive transportation home from a parent/guardian OR via the late bus. If students receive transportation home from a parent/guardian, the pick-up time is 5:00pm. Please be prompt when picking up your child. The late bus will pick up the students from the middle school at 5:15pm.
- A note must be presented to the main office on the day your child is participating in the after school program if there is need to change transportation for your student.
- Homework will be completed each day as a requirement of the program. A content specific teacher will be present to help students with their work, as needed.
- Please be aware students who are not picked up on time; who do not have consistent attendance in the program; who do not work cooperatively; and who may create distractions for other students may be asked to no longer participate in the program.

If you are interested in having your child participate in the program, please fill out both sides of the attached form and return it to your child's homeroom teacher.

Sincerely,

Kristen Donohue, Principal

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The Western Wayne School District is an equal opportunity educational institution and will not discriminate on the basis of race, color, national origin, sex or handicap in its activities, programs, or employment practices as required by Title VI, Title IX and Section 504.

AFTER SCHOOL**TUTORING & HOMEWORK HELP****Time: 3:00 - 5:15 PM (unless otherwise indicated)**

SUBJECT	Room	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
MATH Mr. McCaffery	812		✓		
ENGLISH Mrs. Morgan	812		✓		
ENGLISH Ms. Summers	812			✓	
SCIENCE Ms. Carito	812	✓			
SOCIAL STUDIES Mr. Onder	812		✓		
MUSIC Ms. Ort	Band Room				✓
GENERAL HELP Ms. Shepherd	812				✓

After School Program
Emergency Form

Child's Name (please print): _____ Homeroom _____

Address: _____ D.O.B.: _____

Telephone Number: _____

Mother's Name: _____ Mother's Cell Number: _____

Mother's Workplace: _____ Telephone Number: _____

Father's Name: _____ Father's Cell Number: _____

Father's Workplace: _____ Telephone Number: _____

Relative or Friend, with transportation, who may be contacted in case of accident or illness if you are unavailable.
(This person needs to be available from 3:00 p.m. to 5:00 p.m.)

1st Option:

Name: _____ Relation: _____

Telephone Number: _____ Cell Number: _____

2nd Option:

Name: _____ Relation: _____

Telephone Number: _____ Cell Number: _____

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Is your child taking medication? Yes _____ No _____
If yes, please provide the name of the medication and explain its purpose: _____

May your child be taken to the hospital if necessary? Yes _____ No _____
Hospital of preference: _____

Does your child have any allergies? Yes _____ No _____
If yes, please explain: _____

Are there any special conditions pertaining to your child? Yes _____ No _____
If yes, please explain: _____

Do you authorize the release of this information to Western Wayne employees pertinent to the education and health care of your child? Yes _____ No _____

Signature of Parent/Guardian: _____ Date: _____

If there is any additional information that is necessary for the teachers of the Western Wayne Middle School after school program to be aware of while working with your child, please explain on a separate piece of paper and attach it to this form. Thank you.

Western Wayne Middle School
After School Program
Permission Slip

By filling out this form, I **give** my child permission to participate in the Western Wayne Middle School's after school program.

Child's name (please print): _____ Grade: _____

Parent/Guardian name (please print): _____

Parent/Guardian signature: _____ Date: _____

My child is able to participate on the following weekdays (**circle at least 2**): M T W TH

Transportation will be provided by (**circle 1**): parent/guardian late bus

Name(s) of parent(s)/guardian(s) who will provide transportation (please print):
