



Please return this form (front & back) ASAP!

Registration for Session THREE

START DATE February 19, 2018

STUDENT NAME: _____ Grade: _____

February

Please check all that apply

___ Mon. Feb. 19 ___ Tue. Feb. 20 ___ Wed. Feb. 21 ___ Thu. Feb. 22
___ Mon. Feb. 26 ___ Tue. Feb. 27 ___ Wed. Feb. 28 *****NO STAR*****

March

Please check all that apply

___ Fri. Mar. 2 **SWIMMING AT PHILLIPS POOL**
___ Mon. Mar. 5 ___ Tue. Mar. 6 ___ Wed. Mar. 7 ___ **Thu. Mar. 8 (SCIENCE FAIR)**
___ Fri. Mar. 9 **SWIMMING AT PHILLIPS POOL**
___ Mon. Mar. 12 ___ Tue. Mar. 13 ___ Wed. Mar. 14 ___ Thu. Mar. 15
___ Fri. Mar. 16 **SWIMMING AT PHILLIPS POOL**
___ Mon. Mar. 19 ___ Tue. Mar. 20 ___ Wed. Mar. 21 ___ Thu. Mar. 22
***** NO SCHOOL WEEK OF MARCH 26 *****

April/May

Please check all that apply

___ Mon. Apr. 2 ___ Tue. Apr. 3 ___ Wed. Apr. 4 ___ Thu. Apr. 5
___ Mon. Apr. 9 ___ Tue. Apr. 10 ___ Wed. Apr. 11 ___ Thu. Apr. 12
___ Mon. Apr. 16 ___ Tue. Apr. 17 ___ Wed. Apr. 18 ___ Thu. Apr. 19
___ Mon. Apr. 23 ___ Tue. Apr. 24 ___ Wed. Apr. 25 ___ **Thu. Apr. 26 "SHINE ON EVENT"**
___ Mon. Apr. 30 ___ Tue. May 1 *****NO STAR***** ___ Thu. May 3

***** End of Session Three *****

Parent/Guardian:

_____ I WOULD LIKE TO CHAPERONE FOR SWIMMING

_____ I WOULD LIKE TO RIDE THE BUS TO PHILLIPS

Name: _____

Special Events are on the reverse side.

Science Fair Thursday March 8

Regular STAR programming will be held from 3:20 to 5:15. During this time judging of the science fair projects will be held. The STAR students will be called to the gym when their projects are being judged.

Yes, we will be attending the Fair. There will be _____ people from our family in attendance. We would like to join in the free dinner provided by the STAR program

_____ Family Name (Please Print)

_____ Parent Signature

“Shine On” Grand Finale Program

Thursday, April 26, Beginning at 5:30

Yes, we will be attending the **“Shine On”** family event to celebrate our successful year of the STAR After School Program.

There will be _____ people from our family in attendance. **We would like to join in the free dinner provided by the STAR program.**

_____ Family Name (Please Print)

_____ Parent Signature



STAR TRANSPORTATION FORM

Please return this form with Registration

Parent Pick-up and Bus Information

Please Print Clearly

Student Name _____ Grade _____

_____ has my permission to attend the STAR After School Program activities listed in the packet including any walking field trips that are scheduled.

_____ Parent/ Guardian signature

Winter School District will provide an activity bus during the 2017-2018 school years Monday through Thursday. Transportation will be provided as long as enough students utilize the service each evening. The bus leaves the Winter Public School at 5:30 PM.

_____ I will pick up my child at school.

My child will be riding the bus to:

Hwy 70 West _____ Radisson _____ Ojibwa _____ Couderay

Hwy 70 East _____ Chalet _____ Johansen's Corner _____ Loretta/Draper

_____ I understand that I am responsible to pick up my child on time at the bus stop or they will return to the school after the route is completed and I will be responsible to pick them up at the Winter School site.

My child has permission to ride with the following responsible adult or sibling:

_____ (please write clearly)

MY CURRENT PHONE NUMBER _____

Any questions can be directed to Dee Martin at 715-266-3301 ext.2210 (W) or 715-661-1382 (C)



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