

Maple Grove School
After-School Activity Program

Date Rec. _____

We are pleased to announce the start of our After-School Activity Program, beginning on **Monday, January 14th through Thursday, February 15th, 2019**. ASB, ROTC and Jazz Band will continue through the end of the school year. This program will take place after school on Tuesdays and Thursdays. Activities are offered at no cost. However, **limited space is available for some activities**. Our general schedule is as follows:

- 3:20-3:30** All students meet in the Commons for attendance.
- 3:30-4:20** Activity Time. Students attend the activity they are assigned.
- 4:20-4:30** Teachers are responsible for dismissing students.

If you would like your child to participate, please complete the form below and turn in to your child's teacher. We will contact you to confirm your child's scheduled activity. **Forms must be returned by Wednesday, January 2nd, 2019.** Activity availability is on a first come first served basis. If you have any questions, please call the Maple Grove School office at 360-885-6740 and ask to speak with Mrs. Reinhardt or send an email to reinhardt.michelle@battlegroundps.org.

Student's Name (Please Print) _____

Grade _____

Homeroom Teacher _____

Please check only one activity.

Activity	Grades	Day of the Week
<input type="checkbox"/> Open Gym (group 1)	1st - 2nd grades	Tuesday
<input type="checkbox"/> Open Gym (group 2)	3rd-4th grades	Thursday
<input type="checkbox"/> Lego Club	1st - 5th grades	Tuesday
<input type="checkbox"/> Choir	6th - 8th grades	Thursday
<input type="checkbox"/> Drama	5th - 8th grades	Tuesday
<input type="checkbox"/> Yearbook (pick up application in the office)	5th - 8th grades	Thursday
<input type="checkbox"/> Math Tutoring	5th- 8th grades	Tuesday & Thursday
<input type="checkbox"/> Jazz Band (see Mr. deBra)	6th-8th grades	Tuesday & Thursday
<input type="checkbox"/> ASB (see Mr. Osborne or Ms. Cramer)	5th-8th grades	Tuesday
<input type="checkbox"/> ROTC (see Mr. Shannon)	6th- 8th grades	Tuesday

Transportation: Please check how your student will go home.

Bus _____ (For current bus riders only)

Address: _____

OR:

Parent Pick-up _____ Walk _____

Parent or Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Cell Phone Number _____