

JOHN F. KENNEDY MIDDLE SCHOOL

2018-2019

Afterschool Programs Application

A World Class IB School



Mr. Ricky Clark, Principal

Mr. T. Nance, Assistant Principal

Out of School Programs

Dr. Derico- Owen, Program Director

Afterschool Program Registration Form

Student Information

Name (First, Middle Initial, Last)	Date of Birth	Age	Gender (circle one) Male Female
Street Address		City, State, Zip Code	
Home Phone Number		Student Number	

Parent/Guardian Information

Name (First, Middle Initial, Last)	Relationship to Child
Home Phone Number (include area code)	Cell Phone Number (include area code)

Emergency Contact Information

Name (First, Middle Initial, Last)	Relationship to Child	
Day Phone (include area code)	Evening Phone (include area code)	Alternate Phone (include area code)

Medical Information

Medical Insurance Company	Insurance Telephone Number	
Insurance ID#	Group#	Primary Policy Holder
Physician's Name	Physician's Phone Number	

Is the above listed child under the regular care of a physician? Yes No

Is the above listed child exempt from PE classes at school due to a medical condition? Yes No

Please list any specific instructions that must be followed due to your child's medical condition: _____

Does the above listed child have any allergies? Yes No Known Allergies

If so, please explain: _____

Please list any prescribed medication (s) that your child is taking: _____

I verify that the information on this form is true and accurate to the best of my knowledge. I will not hold the School District of PBC OR John F. Kennedy Middle School responsible for any injury or illness to my child. Should my designated contact or I not be available, I hereby give permission and authorization to the School District of PBC representatives to act on my behalf for medical treatment to my child.

Signature of Parent/Guardian _____ Date _____

Mr. Ricky Clark, Principal
Dr. B. Derico-Owen, Program Director

JOHN F. KENNEDY MIDDLE SCHOOL
"Viking Voyager" Afterschool Program
1901 S Avenue, Riviera Beach, FL 33404

Mr. Timothy Nance, Asst. Principal
For Out of School Programs

Office: 561-845-4500

Fax: 561-845-4537

REGISTRATION FORM

Student Name _____ Student # _____ Grade Level _____

Monday-Friday Morning Care

_____ Homework Assistance

_____ Literacy Programs

These are the tentative activities that may be available. Schedules will be made based upon the number of interested students per class/activity. Parent or guardian **must sign application and forms.**

Afterschool Program Activities

Monday/Wednesday

(Choose one)

- Track (Boys)
- Marine Biology (Fishing)
- Academic Games
- Robotics
- Steps
- Pep Club
- Basketball (Boys)
- Basketball (Girls)
- Volleyball (Boys)
- Volleyball (Girls)
- Dance
- STEM
- Technology/Computers
- Soccer (Girls)
- Drama

Tuesday/Thursday

(Choose one)

- Soccer (Boys)
- Academic Flag Football
- Cooking/Baking
- Drill Team
- Computer Coding
- SECME
- Volleyball
- Music
- Swimming
- Track (Girls)
- Viking Student Counsel
- Viking Ambassador
- Spoken Word Art
- Cosmetology
- Arts and Crafts

ACADEMIC ENRICHMENT INCLUDED DAILY WITHIN ALL ACTIVITIES

Note: Classes and activities are offered based on student interests.

Student Signature _____ Date _____

Parent Signature _____ Date _____