# The Mohawk Trail School System

Mohawk Trail Regional School District | Hawlemont Regional School District

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### MTRSD After Care Permission Slips

#### Walks/Hiking

Our after care program at times will be hiking behind the school on the trails located directly behind the school. I am first aid certified and will have a walkie-talkie, first aid bag, cellphone and a second person with me on these trips.

#### \_\_\_Yes \_\_\_No My child has permission to explore the woods behind the school

#### Homework Help

The MTRSD after care program has time set aside for students to do their homework. We have aids and instructors that can assist with homework as needed. Also, we have access to computers if some students need them for their homework.

However, we understand that some families like to have their children do homework at home where they can monitor their progress. We have decided to have homework be optional, but parents make the decision.

If you would prefer your child(ren) to do homework at after care please fill out this form. We will have a list of names and will make sure that your child has finished their homework.

Yes, I would like \_\_\_\_\_\_to do his/her homework in after care.

 Or

 No, I would not like

to do his/her homework in after care.

Or can decide if he/she would like to do homework

in after care.

#### **Picture Permission**

Yes No I give permission for my child's picture and first name only to be used for any After Care Program Promotional Materials (such as our flyers or Facebook page).

Child's name:\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Da

Date:\_\_\_\_\_

## <u>MTRSD District After Care</u> <u>Parental Consent Pick-up Form</u>

You need to fill out this form if someone other than the child's parents will be picking them up from after care. This includes other family members, family friends, neighbors or classmate's parents. This form is valid for one year and must be up to date or the program <u>will not</u> release your child.

Ι	parent of	
child at pick-up to the names listed below:	give the after care staff permission to release my	
Parent Signature:		
Date:		-
Name:		
Relationship:		
Name:		
Relationship:		_
Phone:		-
Name:		_
Relationship:		_
Phone:		