

After School Program

Bowles Life Center

2750 Graham St Grand Prairie, TX 75050
Located at Main St & 27th near MacArthur & I-30
972-237-7529

Ages: 5-15. Participants will be separated by age groups.
Fee: \$20/week/child with center membership. (Due Weekly)
Days: Monday-Friday
Time: 3:00 p.m.-6:00 p.m. for **Harmony Science Academy**
3:20 p.m.-6:00 p.m. for **Travis & Garcia Elementary Schools**
4:00 p.m. for **Adams Middle Schools**

We welcome youth from all schools, but we only pick up from the schools listed above.

Daily Schedule Includes...

3:00-4:00 p.m.	Pick Up from schools
4:00-4:30 p.m.	Snack
4:30-5:00	Homework/Tutoring
5:00-5:45	Computer Lab/Gym/Library/Aerobics Room
5:45-6:00	Game Room
6:00	Pick Up. All participants must be picked by 6:00 p.m.

To register: Visit the Bowles Life Center and complete a registration form.
Center Membership is required. Annual Youth Membership \$5.00

Questions or for more information,
please call 972-237-7529.



2010-2011 AFTER SCHOOL PROGRAM

Child's Name: _____
Home #: _____
Age/D.O.B. _____/_____
T-Shirt Size: _____

Address: _____

Father/Guardian: _____
Work #: _____
Cell Phone #: _____
Email: _____

Mother/Guardian: _____
Work #: _____
Cell Phone #: _____
Email: _____

Emergency Contact(s)/Permission to pick up child:
Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____

Are there any special situations regarding your camper's release? _____

Please list any special needs or allergies?

Child's Doctor: _____
Phone #: _____

Staff Use ONLY—
Received by: _____ Date: _____
Time: _____ Amount Paid: _____

What is the name of your child's school?

What Grade is your child in?

Who is your child's teacher?

PLEASE READ AND SIGN

As the parent/guardian of the above named child, I hereby do release and hold harmless the City of Grand Prairie, its employees, agents, volunteers, and contractors from any and all claims or demands arising out of the above named child participating in the program for which they are registered.

I also give permission for emergency treatment by staff or physician if it is determined that such attention is needed. I also understand there is no insurance or reimbursement of costs associated with accidents, **I give permission for the above named individual to participate in aquatic activities and to be transported to and from field trips, swimming, and other events. I agree to follow all program policies and rules.**

Parent/Guardian Please Sign/Date

Parent/Guardian Please Sign/Date

