



POJOAQUE VALLEY SCHOOL DISTRICT

Before & After Program

1574 State Road 502, Santa Fe, NM 87506

Phone (505) 455-4042

Tera Deines, Administrator

Lorenzo "Larry" Martinez, Director



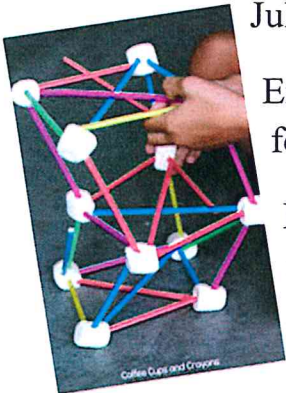
You're invited to join the Pojoaque Valley School District's Before & After / Summer Education & Recreation Program focused on exercising your brain and body!

The program is designed for students, entering Kindergarten through exiting 8th grade, looking to enjoy part of their summer with learning through play. The B&A / Summer Education & Recreation Program includes classes in *Physical Education*, *Academics*, *Health Awareness* and weekly *Field Trips*.



A healthy Breakfast, Lunch and Afternoon Snack will be provided to every participant.

The summer program will run Monday - Friday starting Monday, June 4th and ending Friday, July 27th from 7:00 am. - 5:30 pm. Closed July 4th



Enrollment is \$200 per student per month for full day attendance.

If interested, please fill out reverse side of form and return it, and your payment to the B&A office by **Thursday May 24th**



For more information contact Tera Dienes at tld@pvs.k12.nm.us

Lorenzo "Larry" Martinez
Site Director/Program Manager
(505) 455-2214



____/____/____ Enrolled
____ 1/2 Day ____ Full Day
Student school ID _____

Before and After School Summer Recreation Program

Childs Name _____ Grade _____
_____ Grade _____

Date of Birth ____/____/____ Gender _____
Date of Birth ____/____/____ Gender _____

Parent/Guardian Name _____ Home # _____
_____ Cell # _____
_____ Cell # _____
_____ Work # _____
_____ Work # _____

Home Address _____ City _____ State _____ Zip _____

Emergency Contacts:

Please list two persons to be called in an emergency (Other than Guardians)

Name _____ Phone # _____
Name _____ Phone # _____

List names who you authorize to pick up

Name _____ Phone # _____
Name _____ Phone # _____
Name _____ Phone # _____
Name _____ Phone # _____

List allergies or medical conditions your child may have

Name of Physician _____ Phone # _____

Name of Facility or Hospital _____ Phone # _____

Permission to transport to hospital _____ (Initial) Received copy of handbook _____ (Initial)

Parent/Guardian Signature

Date