



## **AFTER-SCHOOL COMPUTER PROGRAMMING CLASS** for students in 4th-8th grades

Student Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Person Responsible for 4:30 p.m. pick up: \_\_\_\_\_

Phone Numbers for Pick-Up Person: \_\_\_\_\_

Parent/Guardian Name (Please Print):

\_\_\_\_\_

Parent/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_