



The City of San Marcos Parks and Recreation & Texas State Recreational Administration students present this unique out-of-school-time program for Miller Middle School students from 4:00-6:00 PM on:

February 26, 28/March 5, 7, 12, 14, 26, 28/April 2, 4, 16, 18, 23, 25, 30/May 2

\*Dates are subject to change. Any updates will be sent via email and Remind if necessary.

Please review the following Goal:POST program guidelines before signing the registration form. Please keep this page for your records and return the signed registration form to Ms. Godina's office.

### Check-In Policy:

- Students are required to arrive by 4:10 PM and may not leave early for any reason unless a parent/guardian picks them up. If a student arrives after 4:10 PM, they will not be allowed to participate and a parent/guardian will be notified.
- o If a student must arrive after 4:10 PM due to another school program, they must bring a signed note from a Miller Middle School faculty member.

### Pick-Up Policy:

- Students may only be picked up by a parent/guardian or someone included on the pick-up list (page 2 of the registration form).
- Students will not be allowed to leave the program to attend another activity (football game, band concert, etc.) unless a parent/guardian has called or emailed Catherine Marler at cmarler@sanmarcostx.gov or 512-393-8249 to express permission prior to the Goal:POST session beginning.

#### **Late Pick-Up Policy:**

 A late fee will be assessed if your child is not picked up by 6:00 PM at a rate of \$6.00 for every fifteen minutes that you are late.

## **Bus Policy:**

- Students will have the option to ride the bus home. In order to ride the bus, a parent/guardian must express permission by selecting the "ride the bus" option on page two of the registration form. Students who have not been given permission will **not** be allowed to ride the bus.
- o In order to ride the bus, students must be live within regular Miller Middle School bus routes.
- o If your child usually rides the bus but will be picked up by a parent/guardian, please call or email Catherine Marler, Youth Services Coordinator, at <a href="mailto:cmarler@sanmarcostx.gov">cmarler@sanmarcostx.gov</a> or 512-393-8249 prior to the session so that we can make note.
- Students must abide by the SMCISD transportation rules and regulations when on the bus.
- o There is a limit of 20 bus riders. If you would like your child to ride the bus home their form must be turned in by Friday, February 15. Bus riders will be accepted on a first come, first served basis.



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		CITY	
	/GENDER:		
'AKENI EWAILA 	DDRESS:		
ONTACT INFORMATI	ON:		
CONTACT	NAME	PRIMARY PHONE #	SECONDARY PHONE
PARENT OR			
GAURDIAN PARENT OR			
GUARDIAN			
GUARDIAN			
PHYSICIAN			
PHYSICIAN Can we register you for nessages per week an	or text message updates about the paid standard text message rates do and the paid of the	apply. You can unsubscribe at a	ny time. YES NO
PHYSICIAN  Can we register you for the same of the sam	nd standard text message rates do a	apply. You can unsubscribe at a	ny time. YES NO

LATE PICK UP POLICY:	A late fee will be assessed if you	r child is not picked up by	<u>/ 6:00 pm</u> at a rate of \$6.00 for
every fifteen minutes tha	at you are late.		

Please list below anyone you give permission to pick your child up from the program. They will be required to show ID. If the person is not on the list we will require a signed note or verbal confirmation from a legal guardian before we can release the participant.

NAME	PHONE #	RELATIONSHIP TO PARTICIPANT
My child will (you must select one):		
☐ Ride the bus ☐ Be pio	cked up by parent/guardian or sor	neone on the above list
*PLEASE NOTE THAT THERE IS A LIMIT OF FEBRAURY 15 <sup>TH</sup> . IN ORDER TO BE ADDED COME, FIRST SERVED BASIS. STUDENTS ROUTES IN ORDER TO RIDE THE BUS.	TO THE BUS ROUTE. BUS RIDI	ERS WILL BE ACCEPTED ON A FIRST
	RELEASE OF LIABILITY	
I, the undersigned, certify that my child is <b>cu</b> any information on this form may disqualify		e School. I understand that falsification of
In consideration of the acceptance of my ches SAN MARCOS, the SAN MARCOS CONSOLID agents, employees, officers and servants from the GOAL:POST PROGRAM, I certify that I certify that I have read the program guideling of my child from this program.	ATED INDEPENDENT SCHOOL DIST m any and all damages and injuries have the legal authority to execut	TRICT, TEXAS STATE UNIVERSITY and their which my occur while my child is enrolled this release on behalf of my child. I also
Child's Name		
Signature of Parent or Guardian		
District Manager Co. 11		
Printed Name of Parent or Guardian		Date

# PLEASE RETURN TO MS. GODINA'S OFFICE (ROOM 911)

Should you have any questions, please contact: Catherine Marler, Youth Services Coordinator <a href="mailto:cmarler@sanmarcostx.gov">cmarler@sanmarcostx.gov</a> or 512.393.8249