

2020-2021

S-M Youth Education Program Virtual Registration
N8605 Oak St. Bowler, WI 54416 Office # 793-4085 or MFC 793-4080

I give my child, _____ Date of Birth: _____ Grade: _____ Age: _____
Address: _____ WI, _____ permission to participate in the above described S-M Youth Education Virtual Program.

I understand that my child is attending virtual learning, and they will receive ATODA and HIV lessons, along with after school snacks for the whole week, and I will try my best for the child to return the ATODA, HIV forms _____ initial here

I understand that virtual learning lessons will be provided daily on Facebook , and if any questions , parents and youth may call the Youth Education Staff for more information on lessons. _____ initial here

Photograph I give S-M Youth Education Program permission to photograph for promotional purposes; newspaper, Facebook, & videos. Please inform photographer if you do not wish to be photographed. **YES NO**

Parent/Guardian Information

Name: _____ Email: _____
Home # _____ Work # _____ Cell # _____

Parent/Guardian Information

Name: _____ Email: _____
Home # _____ Work # _____ Cell # _____

Virtual Weekly Agenda

Monday- Daily Exercise , Free Day

Tuesday- Daily Exercise, ATODA Lessons

Wednesday- Daily Exercise, ATODA Lessons, HIV/AIDs Lessons (7th-12th grade only)

Thursday- Daily Exercise, Language and Cultural lesson

Friday- Daily Exercise, Free Day

- All youth will receive after school snacks, craft supplies and educational worksheets

I,

Parent/Guardian Signature

Contact # _____

Date _____

Virtual HOMEWORK HELP Please complete this section with initials next to the yes or no blank please add full name for youth

Yes _____ No _____ I would like my child to participate in virtual homework help with the tutor at the Youth Education Program .