

"Joey Jumpers Club"

Andersen Elementary School

Student Application

Grades: 1st and 2nd

Mondays: from 2:30 to 3:30 pm

AES Gym

_____My child may participate in the AES after school jump rope program.

Sponsor's name _____ Signature _____ Date _____

Student's name _____

Age _____ Grade _____ Teacher _____

Address _____

Telephone #: work _____

home _____

Please check all that apply:

_____My child will walk from the school straight to our home by himself/herself.

_____My child will walk home with his/her sibling(s) or friend(s).

_____My child will ride his/her bike home.

_____I will pick-up my child at 3:30 pm.

_____My child will walk to the Youth Center after 3:30 pm.

Please write any special concern or any health condition that you think we should know about your child.

Would you like to volunteer your time to assist us with our club? _____