

What Does PEAK Offer?

Homework Help Library Resources

Snacks Computer Usage Fun Activities

What is academic time?

A structured time for students to complete class assignments, read books, or participate in other approved academic activities. Students must bring their academic agenda (school-issued) to each day's academic session and have it checked by the supervisor.

PEAK will assist with all academic activities, but it is the responsibility of the students to submit assignments to teachers.

How to Register

Please return the attached registration form to the main office or the PEAK office at West Intermediate School.

Transportation

Transportation is the responsibility of the parent/guardian. Please have your student picked up by 6:00 pm each day. A late fee will be assessed if the student is not picked up by 6:00 p.m. The fee is \$5.00 per student for the first 10 minutes you are late and an additional \$1.00 for every minute thereafter.

Assistance for Special Needs:

PEAK provides an educational and fun outlet for people of all abilities. Persons with disabilities needing assistance to participate may call the Parks and Recreation office at 989-779-5331. Seven day advance notice is necessary for accommodation. Persons requiring speech or hearing assistance may contact the City through the Michigan Relay Center at 1-800-649-3777.

Please note:

PEAK is NOT offered during the following times: holidays, snow days, in-service or professional development days, half days or early dismissal due to weather, scheduled or otherwise.

Monday-Friday Schedule

2:53-3:15 pm	Program Sign-In, Activity Sign-Up, Snack
3:15-4:30 pm	Academic Session (Required for all students)
4:30-6:00 pm	PEAK Fun Activities
6:00 pm	PEAK Closes

Enrollment in the West PEAK Program is open throughout the school year.

Please fill out a separate form for each student in your family.

Unless other arrangements have been made, students are expected to be at the PEAK program by 3:00 p.m. everyday in order to attend.

PEAK @ West is \$10/Week

Student's Name: _____ Age: _____ Date of Birth _____

Grade during 2011-2012 school year: 7th / 8th Team: A B C D Gender: Male / Female

Specific medical allergies, chronic illnesses, or other conditions: _____

Does your student take any medications? Yes / No (circle one)

If yes, please list medications and if student will need to take them during PEAK hours (3-6 pm)

Name of Parent(s)/Guardian(s): _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Please list 2 emergency contacts other than parent(s)/guardian(s).

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

TRANSPORTATION (check all that apply):

Parent Pick-Up: I will pick up my student from the PEAK program each day by 6:00 pm.

ICTC: I give permission and will pay for my student to ride the ICTC home from PEAK each day at 6:00 pm.

Walk or Bike Home: I give permission for my student to walk or bike home from the PEAK Program each day at 6:00 pm.

Signature of Parent/Guardian: _____

Permission to Participate and Release of Information:

1. I, the undersigned parent/guardian, having legal custody/legal guardianship of said minor, give permission for said minor to attend any of the After-School Recreation & PEAK activities. The said minor is physically able and mentally prepared to participate in all activities described for said program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities for which I have given my permission and thereby will not hold the Mt Pleasant Public Schools, Mt. Pleasant Parks and Recreation or the PEAK Program liable for any injuries incurred during these activities.
2. I do hereby grant permission for photos/videos of my child to be used by the PEAK Program and Mt. Pleasant Parks and Recreation for promotional and educational purposes.
3. I do hereby grant permission for my student to participate in surveys and program evaluation pertaining to the PEAK Program.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only: RecTrac Receipt #: _____ Parent Packet Issued:

—more on back—