





MoRE Sports Complex

DISCOVER'

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EARLY RELEASE ENRICHMENT PROGRAM

Big Hollow Schools have scheduled 16 early release days for the upcoming 2023/2024 school year. Taking into consideration the work schedule of our families, our partner, the MoRE Sports Complex and Hot Shots Sports, will continue to offer their Afterschool Enrichment program. Upon early release days, children will be bussed to the MoRE Sports Complex. The Afterschool program will include scheduled enrichment activities as well as a light snack and drink. The cost of the program is \$20.00/day per child. If you are interested in enrolling your child(ren) for the early release days indicated on the 2023/2024 district calendar, please complete the registration form and the waiver for each enrolling child. Forms can be emailed to deliah@moresportscomplex.com

All forms must be returned by 8/25/23 to take advantage of the program starting 9/1/23

May register anytime throughout the school year, but one week prior to start date

Parents will be responsible for picking child(ren) up from the MoRE Sports Complex by 4:00pm.

Visit: Volo After School Program - MoRE Sports Complex - Volo, Illinois or call 779.265.4004 with any questions.

	(Please Pilit)	
Child Name:	Date of Birth	
Parent's Name:	Phone Number:	
Address:	Email Address: _	
	:Food Allergies:	
Name & Number)	Program Information	
Program Name: <u>Big Hollow After Sch</u>	ool Enrichment Program .	<u>.</u>
Dates and Times: <u>Fridays 1:00 pm-4:00 pm</u>	(Please circle dates child will b	e attending)
ALL 9/1, 9/15, 10/6, 10/20, 11/17, 12	2/1, 12/15, 1/19, 2/2, 3/1, 3/17	7, 3/15, 4/5, 4/19, 5/3, 5/17, 5/24
	<u>Permission</u> I Fee: \$20.00/day per Child. ion to MoRE Sports Complex fr	om Rig Hollow
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I understand that the fee is non-refundabl I understand that my child needs to be pic	•	
I understand that 1 week's notice is expec	ted if I choose to add additional days	s
Parent Signature:		_Date:
		FORMS OF PAYMENT
This section must be filled out if you are using VI	SA, Mastercard or Discover	Checks payable to:

Account Number

Expiration Date_____

Authorized Signature ____

Card holder (print name)

Amount of Payment \$_____

Charge My:

Mastercard

O Discover

O Visa