



1 Max Lockwood Drive
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www.bullochrec.com

AFTERSCHOOL SPECIALIST INFORMATION

We/I grant permission for my child to participate in the specialist program offered by the Bulloch County Recreation & Parks (BCRP) AfterSchool or Summer Day Camp Program. We/I understand that all individualized education records including, but not limited to Individualized Education Plans or Behavioral Intervention Plans etc. may be released by the individual school as well as the Board of Education office to the BCRP Program as well as the Behavioral Specialist to assist in providing support for my child. We/I give permission for the staff of BCRP to communicate with my child's teacher, administrators, case manager, and counselors, as necessary for my child's participation in the specialist program in afterschool. We/I understand that my child must follow the program and school rules when participating in the program and can be removed from the AfterSchool or Summer Day Camp Program if rules cannot be followed.

CHILDS NAME: _____

BIRTHDATE: ____/____/____ AGE: ____ GENDER: _____

SCHOOL: _____ GRADE: _____

MY CHILD'S CASE MANAGER: _____

CASE MANAGER CONTACT INFO: _____

CUSTODIAL OR PRIMARY PARENT/LEGAL GUARDIAN

NAME: _____

CELL NUMBER: (____) - ____ - _____ EMAIL ADDRESS: _____

DIAGNOSED PHYSICAL, COGNITIVE, OR BEHAVIORAL EXCEPTIONALITIES:

PARENT SIGNATURE: _____

DATE: _____