

ဟူရိုက်ကီရိုက်

၂၁ ယာဖိုင်နံနံဘိသိင်္ဂီပျိုဝံအလီခံတံဆဲးလီမံတံရဲတံကျဲ

ဝံသးစူမေပုလဲလီလံင်ကျဲလဲလံင်တဖၣ်အံၤဝံဆုကဒါက့ၤဘၣ်အီၤဆူကီၣ်ဖဲလဲလဲပထုဘၣ် ၂,၂၀၁၆
ဘိသိင်္ဂီပျိုဝံအလီခံကစးထီၣ်ဖဲ မုၢ်ဟးထီၣ်,လဲလဲပထုဘၣ် ၁၉,၂၀၁၆ ဇီးကတၢၢ်ဖဲ လဲမုၢ် ၁၂,၂၀၁၇အနံၤန့ၣ်လီၤ.

ဖိသၣ်မံး: _____ အတီၤ: _____
ကီၣ်လဲပထုကီၣ်ဖဲလဲထီၣ်ဝဲတဖျါအမံၤ _____ တီၤဒေးသရၣ်/သရၣ်မုၢ်မံး: _____
ဟံၣ်နီၣ်ခံအိၣ်ဆိးတံလီၤ: _____ ဟံၣ်လဲထဲစိနီၣ်ခံ _____

ဟူရိုက်ကီရိုက်လီၤကဝီၤကီၣ်ဟံၣ်ကဖါလဲအသးဒိၣ်မးလဲအကဘိးဘၣ်သ့ၣ်ညါလီၤဘၣ်ဝဲဒၣ်လဲပထုဘၣ်တဖၣ်ထုထုပုၤဒဲးသိးပကဒီးန့ၣ်ဘၣ် ၂၁ ယာဖိုင်
နံၣ်ကီၣ်ပျို ဝံအလီခံတံရဲတံကျဲအစုဆိၣ်ထွဲ ဒီးပကစးထီၣ်မးစၢၤဘၣ်ပုၤဖိသၣ်ဖဲမုၢ်ဟးထီၣ်,လဲလဲပထုဘၣ် ၁၉,၂၀၁၅ ဖဲ ၃:၃၀-၅:၃၀ မုၢ်
တနံၤတုၤမုၢ်ယဲၣ်နံၤအယိန့ၣ်လီၤ.လဲလဲကဟဲထီၣ်မးလဲတံဖဲဘိသိင်္ဂီပျိုဝံအလီခံတံရဲတံကျဲတခါအံၤအဂီၢ်န့ၣ်တလီၤတံဟ့ၣ်အပူၤနီတ
ဘၣ်ဘၣ်န့ၣ်လီၤ.

သိလုၣ်တံလဲတံက့ၤလဲဖိသၣ်အဂီၢ်မိၢ်ပံတဖၣ်ကဘၣ်ဟံးန့ၣ်မူဒါန့ၣ်လီၤ.

- မ့တမ့ဘၣ်လဲမိၢ်ပံတဖၣ်ယုန့ၣ်ဆိအဖိအစူးဘၣ်န့ၣ်,အဝဲသ့ၣ်ကဘၣ်မးလီၤတံဝဲဒၣ်လဲအဖိကဘၣ်လဲထီၣ်ကီၣ်ကိးနံၤဒဲးဒဲးတံပံနီၣ်
အသိးန့ၣ် လီၤ.
- ကီၣ်ဖိတဖၣ်တံကဘၣ်ဟံးန့ၣ်က့ၤအီၤဖဲ ဟါ၅:၃၀နံၣ်ရံၣ် န့ၣ်လီၤ. တံလီၤလဲနကလဲအိၣ်က့ၤနဖိန့ၣ်ကမ့ၢ်ဝဲဖဲကီၣ်လဲလဲထီၣ်ဝဲတ
ဖျါအပူၤန့ၣ်လီၤ.
- ကီၣ်မ့တထီၣ်ဒဲးအမ့ၢ်-ဟါခိကီၣ်ပျိုဆိ,မ့ခိၣ်ကလံၤသိၣ်ဂီၤတံဆါကတီၢ်တဂ့ၤ,ကီၣ်ပျိုတံဟးကသ့ၣ်ကသိအမ့ၢ်နံၤ,ဒီးအဂါတဖၣ်န့ၣ်,ကီၣ်ပျို
ဝံအလီခံတံရဲတံကျဲစ့ၢ်ကိးတအိၣ်ဝဲဘၣ်န့ၣ်လီၤ.
- ဘိသိင်္ဂီပျိုဝံအလီခံတံရဲတံကျဲတအိၣ်စ့ၢ်ကိးဖဲ လဲကီၣ်မ့ၢ်အိၣ်ဒီးမိၢ်ပံကီၣ်သရၣ်တံအိၣ်ဖိၣ်,တံသ့ၣ်ဝံသးဆါတံရဲတံကျဲမ့
တမ့ၢ်အဂုၢ်အဂါသ့ၣ်တဖၣ်န့ၣ်လီၤ.တံအဝဲအံၤလဲကီၣ်တဖျါဒီးတဖျါန့ၣ်လီၤဆိလီၤအသးန့ၣ်လီၤ.နတံသံကွၢ်မ့ၢ်အိၣ်,နဆဲးကျိးကီၣ်အ
ပုၤဘၣ်မူဘၣ်ဒါတဖၣ်သ့ဝဲဒၣ်န့ၣ်လီၤ.

မုၢ်လဲပထုကီၣ်ဖဲအနီၣ်ခံဘၣ်တံဟံၣ်ပနီၣ် အီၤအယိ,ပုၤကီၣ်ဖိလဲအဆဲးလီၤအမံၤလဲတံဆါကတီၢ်ပုၤပုၤမုၢ်ဟးထီၣ်တုၤမုၢ်ယဲၣ်နံၤတဖၣ်တံကယုထုဆိ
အီၤန့ၣ်လီၤ.

တံဂုၢ်တံကျဲလဲတံကဆဲးကျိးန့ၣ်အဂီၢ်.

မိၢ်အမံၤ: _____ မိၢ်အဟံၣ်နီၣ်ခံဒီးအိၣ်ဆိးလီၤကျဲ: _____
မိၢ်အလဲထဲစိနီၣ်ခံ: _____ မိၢ်အလဲပရၢအမံၤ(Email Address) _____
(ကွဲးလီၤနမံၤပျါဆ့ဆ့)

ပံအမံၤ: _____ ပံအဟံၣ်နီၣ်ခံဒီးအိၣ်ဆိးလီၤကျဲ: _____
ပံအလဲထဲစိနီၣ်ခံ: _____ ပံအလဲပရၢအမံၤ(Email Address): _____
(ကွဲးလီၤနမံၤပျါဆ့ဆ့)

ဂုၢ်ဂီၢ်အူပုၤလဲပထုဘၣ်ဆဲးကျိးအီၤတၢၢ်တဂါအမံၤဒီးအလဲထဲစိနီၣ်ခံ -၁. _____

ဂုၢ်ဂီၢ်အူပုၤလဲပထုဘၣ်ဆဲးကျိးအီၤခံတၢၢ်တဂါအမံၤဒီးအလဲထဲစိနီၣ်ခံ -၂. _____

ဝံသးစူမေပုၤစ့ၢ်ကိးလံာ်လဲဘးခိတကဘျးန့ၣ်တက့ၢ်. 

Huron School District
Tiger After-School Program (TAP)
REGISTRATION

Please complete the form and return to your child's school by September 13th.
TAP will begin on Monday, September 19, 2016 and end May 12, 2017.

Child's name: _____ Grade: _____
School of Attendance: _____ Classroom Teacher: _____
Mailing Address: _____ Home Phone: _____

The Huron School District is a proud recipient of the 21st Century After-School Program Grant and will begin serving children on **Monday, September 19th** from 3:30-5:30 Monday through Friday. There will be no charge to attend TAP.

ALL TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT.

With parent signature, parent accepts responsibility for the following:

- Ensure that children will attend on the designated days, unless prior arrangements have been made.
- Children **must be** picked up by 5:30 pm. Pick up location will be determined at each program site.
- If there is no school such as an early release, inclement weather, school vacation, etc, there will be no after-school program.
- There will be no TAP if the building has parent-teacher conferences, a music program or etc. This may vary from building to building. Please check with the building site coordinator if you have questions.

This program has limited enrollment. Preference will be given to full time students.

CONTACT INFORMATION:

Mother's Name: _____ Mother's Mailing Address: _____


Mother's Cell Phone #: _____ Mother's Email Address: _____
(Please print clearly)

Father's Name: _____ Father's Mailing Address: _____

Father's Cell Phone #: _____ Father's Email Address: _____
(Please print clearly)

First emergency contact person and number: _____

Second emergency contact person and number: _____

Please complete back page 

For 5:30 pick up from the program, my child should do the following:
(Please discuss these instructions with your child)

_____ Have my child remain at school until I pick him/her up

_____ Walk/Ride Bike home

_____ Ride the People's Transit Bus (arrangements must be made with People's Transit 353-0100)

_____ Send my child with: _____
(List names of adults who the child can be released to. These adults must show ID before child will be released to their care)

_____ Other _____

I, _____, Parent/Guardian of _____ hereby authorize and consent to the use of his/her visual image by the TAP (Tiger After-School Program) for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

I hereby give permission for emergency medical treatment for my child, if needed by the after-school site coordinator.

Your child will receive a healthy snack every day as part of the TAP program. If your child has any special dietary needs, please indicate what they are: _____

Please note that my child is **allergic** to the following (i.e.—medication/food/insect bites/other): _____

It is also important to note that my child has the following special medical conditions: _____

Parent / Guardian

Date