



MoRE Sports Complex

## AFTER SCHOOL ENRICHMENT PROGRAM



Taking into consideration the work schedule of families, the MoRE Sports Complex/Juniors Volleyball Club, will like to offer our After School Enrichment Program. Upon each school day, children will be bussed to the MoRE Sports Complex.

- The program will include scheduled a light snack, sports activities, crafts, games and free time to do homework.
- Registration needs to be consistent throughout the school year for transportation purposes.
- Payment will be due every prior Friday for the following week of attendance. **Cost is \$25/day**

If you are interested in enrolling your child(ren) for this program indicated on the 2025/2026 district calendar, please complete the registration form and the waiver for each enrolling child.

**All forms must be returned by 8/13/25 for the start date of 8/20/2025**

Forms can be emailed to [glasbydeliah@gmail.com](mailto:glasbydeliah@gmail.com)

**\*You can register anytime throughout the school year\***

**Parents will be responsible for picking child(ren) up from the MoRE Sports Complex by 6:00pm.**

Visit: [Big Hollow After School Program \(moresportscomplex.com\)](https://moresportscomplex.com) or call 779.265.4004 with any questions.

(Please Print)

Child Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Food Allergies: \_\_\_\_\_  
(Name & Number)

### Program Information

Program Name: \_\_\_\_\_ Big Hollow After School Enrichment Program

Days Attending: \_\_\_\_\_

### Permission

Total Fee: **\$25/day**

Includes transportation to MoRE Sports Complex from Big Hollow and snack

\_\_\_\_\_ I understand that the fee is non-refundable when my child is unable to attend.

\_\_\_\_\_ I understand that my child needs to be picked up at the MoRE Sports Complex no later than 6:00 pm on these set days.

\_\_\_\_\_ I understand that 1 week's notice is expected if I choose to add additional days

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FORMS OF PAYMENT

Checks payable to:

**Wisconsin Juniors Volleyball Club**

This section must be filled out if you are using VISA, Mastercard or Discover

Charge My:	Account Number _____
<input type="radio"/> Visa	Expiration Date _____
<input type="radio"/> Mastercard	Card holder (print name) _____
<input type="radio"/> Discover	Amount of Payment \$ _____
	Authorized Signature _____



**DISCOVER**