



MoRE Sports Complex

EARLY RELEASE ENRICHMENT PROGRAM



Big Hollow Schools have scheduled 17 early release days for the upcoming 2025/2026 school year. Taking into consideration the work schedule of our families, we will continue to offer our Early Release Enrichment program. Upon early release days, children will be bussed to the MoRE Sports Complex. The Early Release 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 2025/2026 district calendar, please complete the registration form and the waiver for each enrolling child. Forms can be emailed to glasbydeliah@gmail.com

All forms must be returned by 8/29/25 to take advantage of the program starting 9/5/25

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 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 _____

Dates and Times: _____ Fridays 1:00 pm-4:00 pm _____ (Please circle dates child will be attending)

ALL 9/5, 9/19, 10/3, 10/17, 11/7, 11/21, 12/5, 12/19, 1/16, 2/6, 2/20, 3/5, 3/19, 4/17, 5/1, 5/15, 5/29

Permission

Total Fee: \$20.00/day per Child.

Includes transportation to MoRE Sports Complex from Big Hollow

_____ 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 4:00 pm on these set days.

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

Parent Signature: _____ Date: _____

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

Charge My:

☐ Visa

☐ Mastercard

☐ Discover

Account Number _____

Expiration Date _____

Card holder (print name) _____

Amount of Payment \$ _____

Authorized Signature _____

FORMS OF PAYMENT

Checks payable to:

Wisconsin Juniors

