

# Dayton Scholars Afterschool Program

Widening Dreams Through Character, Connections, and Creativity

- Homework Assistance – **Ensure your child stays on track with their school assignments.**
- Rigorous Reading and Writing – **Improve literacy skills with tailored instruction.**
- S.T.E.M. Activities – **Science, Technology, Engineering, and Math explorations to stimulate critical thinking.**
- Social Emotional Skills Building – **Help your child develop confidence, empathy, and strong peer relationships.**
- Field Trips – **Experience learning outside of the classroom!**
- Athletics – **Stay active with organized sports and fitness activities.**
- Community Service – **Cultivate a sense of responsibility and giving back.**
- And Much More!



## Program Details:

Grades: **K-8**

Days: **Tuesday-Thursday**

Time: **2:00 PM – 6:30 PM**

Location: **700 S James H McGee Blvd**

Start Date: **October 15<sup>th</sup>, 2024.**

**An afterschool program in a safe, engaging, and educational environment for students in grades K-8.**



**Dayton Scholars**

5301 Free Pike | Dayton, Ohio 45426 | 937-671-0470 |

**Flip page to register:**

1. Complete the registration form below and return it to Corinthian Baptist Church or scan to [daytonscholars@gmail.com](mailto:daytonscholars@gmail.com)
2. For questions, contact us at [Daytonscholars@gmail.com](mailto:Daytonscholars@gmail.com) or call 937-671-0470

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## REGISTRATION FORM

**Student Name:** \_\_\_\_\_

**Student Address & Zip Code:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

Do you have health insurance (circle one) Yes No If yes, please list your provider

**Medical Conditions (if any):** \_\_\_\_\_

**Special Considerations:** \_\_\_\_\_

### General Information (Circle one)

During the current or 24-25 school year, was your household eligible for the free or reduced lunch program?  
Yes No

Are there any activities your student cannot participate in due to physical, social or religious reasons?  
Yes No

If Yes, please specify:

Are you willing to volunteer in the classroom during the WDC Pathway After School Program?  
Yes No

For demographic purposes, indicate your annual family income (please check one):

\$0-\$14,999    \$15,000-\$24,000    \$25,000-\$34,999    \$35,000-\$54,999    \$55,000 and above

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_