

**Abraham Lincoln Elementary School**  
**615 W. Kemper Pl., Chicago, IL 60614**  
**773.534.5720**

11/16/16

Dear Lincoln Parent/Guardian,

The Lincoln Out-of-School-Time (OST), formerly known as the After-School-All-Stars program, **will begin the week of December 5, 2016**. Please refer to the attached brochure to learn the details for each activity (days classes meet and beginning/end dates of activities, etc.) that is offered this year. **Pay special attention to the grade level(s) that students must be in to enroll in a particular activity**. There is no cost for students to participate in the activities offered. Students may choose up to three activities that meet before or after school. We cannot guarantee a student's first choice, as enrollment is based on a first come, first serve basis.

**Complete and return this form to your child's homeroom teacher by no later than Tuesday, November 22, 2016**. On **December 1**, students and parents will be notified of their activity enrollment. Students will receive a letter to bring home stating the class(es) in which they are enrolled.

Please rank your top three choices from the attached brochure.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Sincerely,

Ms. Pippen                      Mrs. Gerber  
ASAS Program Coordinator   Assistant Principal

Mr. Armendariz  
Principal

My child, \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_, will participate in the Lincoln  
(child's name)                      (homeroom/grade)

School OST program. I understand s/he will receive a school meal as a participant of this program. I will ensure that my child arrives on time for the scheduled activity session.

Check the appropriate box below if your child will participate in the after school component of the Lincoln OST program and complete the requested emergency contact information. If your activity selection is in the morning before school, then skip to the requested emergency information at the bottom of this page.

I will pick up my child promptly at 5:20PM immediately following the after school session, OR

I give my child permission to walk home independently at 5:20PM following the after school session.

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_ / \_\_\_\_\_

