

Rachel Pugh, Superintendent

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Wister Public Schools

201 Logan Street  
Wister, OK 74966

**Board Members**

Dr. Leon Mitchell, President

Michelle Donaho, Vice-President

Robert Martin, Clerk

DeWade Shatswell, Deputy Clerk

John Meeh, Member

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October 2022

Dear Parents/Guardians:

Wister Public Schools is excited to announce we will be offering an In-Person After School Program, funded through the 21<sup>st</sup> Century Community Learning Centers Grant. Through this grant, our goal is to provide quality programming for our students in a safe and healthy environment after the school day ends. We invite all Kindergarten – 12<sup>th</sup> grade students to participate in the FREE program.

The Bright Futures Program will begin Tuesday October 18, 2022, from the hours of 3:00pm to 5:30pm, Monday through Friday, with a nutritious snack being provided directly after school. Bus transportation will be available.

All school rules remain in effect during the after-school program (please refer to the Student Handbook available on our school website). For your child to participate in the Bright Futures Program we must have a Registration/Consent Form on file.

Thank you for your support and we look forward to a great year! If you have any questions, please do not hesitate to contact me.

Sincerely,

Amanda Effinger  
Program Director  
Wister Public Schools  
918-655-7481

[amandaeffinger@wisterschools.org](mailto:amandaeffinger@wisterschools.org)



**OK21CCLC**  
OKLAHOMA 21ST CENTURY COMMUNITY LEARNING CENTERS  
GRANTEE





# OK21CCLC

OKLAHOMA 21ST CENTURY COMMUNITY LEARNING CENTERS

## Wister Public Schools Bright Futures Program

Student Information		
Student Name:	Date of Birth:	
Grade:	Gender: Male _____ Female _____	
Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	
Racial/Ethnic Group: (circle) 1. Native American/Alaska Native 2. Black/African American 3. Hispanic/Latino 4. Asian 5. White 6. Pacific Islander 7. Other _____		

If Native American: Tribe: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Parent/Guardian Information	
Contact Name:	Contact Name:
Email:	Email:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Relation to Student:	Relation to Student:
Employer:	Employer:

Legal or Medical Alerts

Emergency Contacts/Can Pick-up	
Name:	Name:
Phone:	Phone:
Name:	Name:
Phone:	Phone:

Will child need bus transportation? YES NO

Please return enrollment form to school office by: Wednesday, October 12, 2022

Office Use Only  
Student State Testing Number: \_\_\_\_\_

**Health Insurance**

\_\_\_\_\_ YES, my child's medical information (allergies, medications, health care needs & medical issue of importance) is on file with the school in the office.

If my child requires emergency medical care and I cannot be reached, I give my consent to the 21<sup>st</sup> CCLC program to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of signing this form and will continue as long as my child is enrolled.

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Consent to Photograph/Videotape**

\_\_\_\_\_ YES, my child can be photographed/videotaped for use in the program or social media.

\_\_\_\_\_ NO, my child cannot be photographed/videotaped for use in the program or social media.

**Release Form**

I give my child \_\_\_\_\_, permission to enroll and participate in the Bright Futures Program at Wister Public Schools.

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date