



LEAP REGISTRATION FORM 2023-24

Contact the LEAP Office: 573-392-6364 x7

LEAP Enrollment

- AM LEAP** – AM LEAP is for all students arriving to school from 6:45 - 8am.
- PM LEAP** – PM LEAP is the afterschool program held on M, T, Th, F (see calendar on page 3). Attendance is expected and must be in attendance until at least 4:30.

LEAP Transportation or Pick-up Information

Address: _____ City: _____ Zip Code: _____

Pick-ups from LEAP only occur at 4:30pm and 5:00pm from all sites. The final pick-up for all sites takes place at 5:45pm from Upper Elementary. All pick-ups must be signed out from inside the buildings. LEAP uses information provided at registration through your child's school for emergency contacts and safe pick-up contacts. Please keep these current.

Transportation: Pick-up 4:30 5:00 5:45 Mon. Tues. Thur. Fri.

LEAP buses run to neighborhood stops and not door-to-door. Please select the closest bus stop to your residence from the LEAP bus stops on the back page. Please be at the stop 10 minutes before the designated time.

Ride LEAP Bus Stop to: _____ Every day Specific Days: _____

Alternate Address: _____

Student(s) Registration

First Name: _____ Middle Name: _____ Last Name: _____

Birthday: _____ Grade: _____ Teacher: _____ Ethnicity: _____ Gender: M F

T-shirt Size: YXS YS YM YL AS AM AL AXL A2XL

First Name: _____ Middle Name: _____ Last Name: _____

Birthday: _____ Grade: _____ Teacher: _____ Ethnicity: _____ Gender: M F

T-shirt Size: YXS YS YM YL AS AM AL AXL A2XL

Transportation: Same As Above Alternative Transportation: _____

First Name: _____ Middle Name: _____ Last Name: _____

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Transportation: Same As Above Alternative Transportation: _____

First Name: _____ Middle Name: _____ Last Name: _____

Birthday: _____ Grade: _____ Teacher: _____ Ethnicity: _____ Gender: M F

T-shirt Size: YXS YS YM YL AS AM AL AXL A2XL

Transportation: Same As Above Alternative Transportation: _____

Part 1 – Health Information

Students Name(s): _____

Please indicate which student has any of the following conditions:

Student	Condition	Yes	Comments	Student	Condition	Yes	Comments
	Asthma				ADD / ADHD		
	Inhaler				Hearing/ Vision Issues		
	Seizures				Seasonal Allergies		
	Diabetes				Allergies (food, latex, insects)		
	Heart Condition				Other:		

Does your student have a 504 or IEP in which we should be aware of? Yes No

Does your student have a severe allergy to: Milk Peanuts Other: _____

Please Explain Other Conditions: _____

Use of Over the Counter Medication: I approve that you give over the counter medication to my child during the school year in accordance with the Board Policy. I authorize the school nurse or designee to give my child medication. I will not hold the school staff responsible for any undesired reaction that may occur from the medication. Examples of non-prescription medication to be given with parent permission are: **non-aspirin pain relievers including Acetaminophen, Ibuprofen, Tylenol, sore throat spray, antacid, antibiotic ointment, hydrocortisone cream, calamine lotion, throat lozenges, topical anti-sting treatments and generic substitutes.**

Receive Emergency Medical Treatment: In the event of an emergency and we cannot be reached, we also give our consent for the school to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student.

Part 2 – Parental Consent

Parent Photo Release: I give my permission for my child/children listed above to be photographed by school personnel or local media reporters during LEAP activities. I understand these photos will be used to educate the public on the various activities of the program and may be used in the local newspapers, on LEAP / Schools / MASN social media websites.

Field Trip Permission: I give my permission for my student to travel locally for LEAP activities without further notice or permission forms. Any trips outside of the district will require additional parental permission forms.

2023-2024 LEAP Parent Acknowledgement of Handbook: To obtain a copy of the LEAP Handbook please visit EldonMustangs.org/LEAP. I understand pick up times are at 4:30, 5:00 & 5:45 pm.

➡ Parent Signature _____ **Date** _____



LEAP BUS ROUTES 2023-24

LEAP buses do not run a door-to-door service

Green Bus

Grand Ave/ Hwy Y/Rocky Mount

Stop	Approximate Time
• 109 E. 15 th St	5:45
• Taco Bell	5:47
• Bus 54/Hilltop Rd	5:49
• Golf Course Rd	5:50
• 14 th St	
• Wilson Park	5:55
• 5 th St/Chestnut	5:57
• 6 th St/Ava	5:58
• 6 th St/Dunstan	5:59
• Hwy Y/Oak Hill/Beacon	6:02
• Cedar Junction (Hwy Y & W)	6:08
• Union Church	6:12
• Hwy Y/Brendel Blvd (beside Firestation)	6:15
• Northshore Shopping Ctr	6:19

Purple Bus

In Town to 54 East

Stop	Approximate Time
• 14 th & Colorado Ave	5:48
• 10 th /Colorado Ave.	5:50
• 3 rd St/Vogler/Short	5:56
• Mill St/Brockman	6:01
• Oak/Fairview	6:05
• Oak/Brockman	6:07
• Oak/Newton	6:10
• High/Leeds	6:12
• Sunset Trailer Park	6:15
• Doolittle/Doyle Rd	6:19
• 44 Midway Rd	6:23
• Midway/Birch	6:24
• Town & Country (at mailboxes)	6:25
• Town & Country (South Entrance)	6:26

Yellow Bus

In Town Route to Olean

Stop	Approximate Time
• 3 rd St/ Spruce St	5:47
• 3 rd St/South Grand	5:49
• North St./Olive	5:50
• Olive/Newton	5:54
• Vernon/Happy	5:55
• Vernon/Walker	5:56
• Champaign /Tedmark	6:00
• Tedmark/Bourbon	6:02
• Newton/N. Godfrey	6:03
• Walnut/Newton	6:05
• Walnut/North	6:08
• Walnut/3 rd St.	6:10
• Manor Dr	6:13
• Olean Seed Mill	6:18
• 536 Hwy P/Main St	6:1
• The Hut in Olean	6:18

Please note: Bus routes are subject to change depending upon enrollment. Drop off times are approximate and should not be considered definite. Please be at the bus stop to pick up your child at least 10 minutes early to ensure there is an adult present when the bus arrives. Students who do not have an adult present at the stop will not be dropped off unless prior arrangements are made with the LEAP office. LEAP office: 573-392-6364 ext 7