

After-school Clubs Registration Form

Student Name _____ Grade _____

List all activities in which your child expresses interest. Please select two clubs whenever possible.

CLUB

INSTRUCTOR

Monday: 1st choice _____

2nd choice _____

Tuesday: 1st choice _____

2nd choice _____

Wednesday: 1st choice _____

2nd choice _____

Thursday: 1st choice _____

2nd choice _____

Friday: 1st choice _____

2nd choice _____

I give my child permission to participate in "After-school Clubs." I will see that my child has all the required materials/equipment for each activity chosen. I will arrange for my child to be picked up in a timely manner after each activity. I understand that if I am late my child will be sent to "Extended Care," and that there is a charge for this service.

Parent/Guardian Signature

Include an e mail address where you can be reached _____

In case of emergency please contact me at _____