



# K - 6 EXTRACURRICULAR CLUB REGISTRATION FORM

## HOURS:

- 7:00 am – 8:00 am (Mon-Fri) Worship & Bible Story
- 3:45 pm – 5:15 pm (Mon-Thu) and 1:45 – 3:15 pm (Fri)
- Parents **may arrange** a later pick up time (until 5:30 pm) when authorized with staff.

*Students will not be admitted to the school until 7:00 am as staff who may be present often have other duties and cannot be responsible for students before 7:00 am.*

I wish to register my child in the following clubs:

Check	Club	Dates	Cost
[ ]	Spanish & Sports	September - November	\$100 per child*
[ ]	Art & Activities	December - March	\$150 per child*
[ ]	Science & Sports	April – June	\$120 per child*

\* 2<sup>nd</sup> & 3<sup>rd</sup> child will receive a 20% discount

\*Please note that club topics and dates are tentative and subject to change.  
Parents & students will be notified accordingly.

CHILD'S LEGAL NAME: \_\_\_\_\_ GENDER: [ ] Female [ ] Male

CHILD'S HOME ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL # / WORK #: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL # / WORK #: \_\_\_\_\_

## EMERGENCY CONTACTS:

NAME, PHONE NUMBER AND ADDRESS: (Please be sure to fill out and include an individual & phone number that is easy to reach)

1. \_\_\_\_\_

2. \_\_\_\_\_

## MEDICAL INFORMATION:

FAMILY DOCTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CHILD'S AHC #: \_\_\_\_\_

Does the student have any serious medical concerns (eg: Serious Allergies, Heart Condition, etc.) or require regular medication? [ ] YES [ ] NO

If **yes**, please fill out the Severe Allergy/Health Concern Alert Form from the office. Please state below any other medical condition such as minor allergies/asthma that we should be aware of.

Immunizations up to date? [ ] YES [ ] NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_