

AFTER SCHOOL CLUBS - APPLICATION FOR CLUB

REGISTRATION AND CHECKS ARE DUE IN DRAWER BY FRONT DOOR
OR AT DEB HILDEN'S 20 DIMITRI PLACE BY THURS, OCT 8
LATE FORMS WILL NOT BE ACCEPTED

1st CLUB	CLUB NAME	DAY	ALTERNATE	DAY

2nd CLUB	CLUB NAME	DAY	ALTERNATE	DAY

NOTE: A SEPARATE CHECK FOR EACH CLUB & ALTERNATE MUST BE ATTACHED TO BE CONSIDERED IN LOTTERY. All checks should be made out to MURRAY AVENUE PTA. Unused checks will be destroyed.

CHILD'S NAME: _____

CHILD'S GRADE: _____ TEACHER: _____

PARENT NAME: _____ EMAIL: _____

List phone number and name of contact for pickup or absence:
Indicate if cell, home, work

1st PHONE #: _____ NAME: _____

2nd PHONE #: _____ NAME: _____

3rd PHONE #: _____ NAME: _____

LOCAL EMERGENCY CONTACT: _____

PHONE#: _____ CELL: _____

SPECIAL MEDICAL INFORMATION / PROBLEMS: _____

DISMISSAL INSTRUCTIONS:

Is child permitted to leave club on his/her own? YES _____ NO _____

(Parent signature)

If **NO**, list all adults your child may be dismissed to:
