



Enrichment Clubs Registration Form

Please Print

Child's Name _____ Grade _____ Teacher _____

Parent's/Guardian's Name _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address (*Please print legibly*) _____

Emergency Contact (other than parent) _____

Relationship to Child _____ Phone Number _____

Alternative Adult to Pick Up Child (other than parent) _____

Relationship to Child _____ Phone Number _____

Club Name _____ Fee _____

Club Name _____ Fee _____

Club Name _____ Fee _____

Club Name _____ Fee _____

Check/Money Order/Credit Card (VISA or Master Card) _____
(Total Amount)

Waiver Statement (Required for participation)

In the event of an emergency involving my child, and if Preferred School Care is unable to contact me, I hereby authorize any needed medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child. I will not hold Preferred School Care, its agents, instructors, volunteers, or partners liable.

Parent's/Guardian's Signature _____

Date _____