



## 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 \_\_\_\_\_