

HOMework CLUB ON SME CAMPUS

REGISTRATION FORM

2023 - 2024

Student: _____

Grade: _____ Teacher: _____ DOB: _____

Parent/Guardian: _____

Work Ph#: _____ Cell Ph#: _____

Email: _____

Parent/Guardian: _____

Work Ph#: _____ Cell Ph#: _____

Email: _____

Students home address: _____

Parent Guardian Signature: _____

HOMework CLUB DAYS & HOURS
MONDAY 12:30PM - 6:00PM, TUESDAY THROUGH FRIDAY 2:15PM - 6:00PM

Fee: Monthly Fate Rate: \$310 Registration Fee: \$80

Students will have time for daily homework completion, HC staff will be available and will offer homework assistance, also included enrichment opportunities, daily meal / snack time and free play with peers.

NON- REFUNDABLE REGISTRATION FEE DUE WITH FORM: \$80

CHECK OR CASH ONLY

STUDENT ALLERGIES _____

PHYSICIANS NAME: _____ PH# _____

PARENT/GUARDIAN SIGNATURE: _____ DATE _____ *In case of actual emergency*

HC will make every effort to contact parents/guardian of the child involved before any treatment is administered; however in the event we are unable to make contact with you, the parent/guardian, we require this medical release to be signed by all participants. I HERBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY HC TO HOSPITALIZE to SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR MY CHILD.*

Office use only:

Start Date:	8/22	9/22	10/22	11/22	12/22	
REGISTRATION FEE: (\$80)	1/23	2/23	3/23	4/23	5/23	6/23