

# Homework Club REGISTRATION FORM 2022 - 2023

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**

**Place: SME Campus**

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**

**Accepting Venmo: 626-864-1513 PencilCrayons and ZELLE: 626-864-1451**

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.*

**HOMEWORK CLUB will follow state mandated COVID-19 SAFETY STANDERS.  
ALL PARTICIPANTS must agree to follow protocol while in our program.**

*Office use only:*

Start Date: _____	8/22 _____	9/22 _____	10/22 _____	11/22 _____	12/22 _____	
REGISTRATION FEE: (\$75) _____	1/23 _____	2/23 _____	3/23 _____	4/23 _____	5/23 _____	6/23 _____