

Homework Club on AAM

(743 E. Calaveras St, Altadena, CA 91001)

For More Info:
www.homeworkclubkids.com

(626) 720-3767
aam@homeworkclubkids.com

Office: 183 W. Sierra Madre Blvd
Sierra Madre, CA 91024

AFTER-SCHOOL PROGRAM SCHOOL YEAR: 2024-2025

Student: _____

Grade: _____ Teacher: _____ DOB: _____

Parent/Guardian #1: _____

Work Ph#: _____ Cell Ph#: _____

Email: _____

Parent/Guardian #2: _____

Work Ph#: _____ Cell Ph#: _____

Email: _____

Student's Home Address: _____

REGISTRATION FORM

HOMEWORK CLUB DAYS AND HOURS ON AAM
MONDAYS 12:35PM-6PM | TUESDAY-FRIDAY 2:15PM-6PM
*(Homework Club follows PUSD's academic calendar, closing on school holidays and student free days.
 Parents/Guardians will be promptly notified of any unscheduled closures.)*

Registration Fee: \$80 + Monthly Flat Rate: \$310

Students will have dedicated time for daily reading and homework completion, with Homework Club staff available for assistance. The program also offers enrichment opportunities, a daily afternoon meal, and supervised free play for social interaction with peers.

**A NON-REFUNDABLE REGISTRATION FEE (\$80) IS DUE WITH
REGISTRATION FORM TO SECURE ENROLLMENT**

***Accepted Methods of Payment: Cash or Check only**
(Checks should be made payable to "Homework Club")*

STUDENT ALLERGIES: _____

PHYSICIANS NAME: _____ Ph#: _____

Please check the boxes to indicate your agreement and understanding for the following:

Medical Release:
In the event of an emergency, Homework Club will endeavor to reach the parents/guardians of the child involved before any medical action is taken. However, if contact cannot be made, it is imperative that this medical release form is completed by all participants. By signing this form, I hereby authorize the physician or hospital designated by Homework Club to hospitalize and administer necessary treatment, including injections, anesthesia, and/or surgery, to my child.

Late Pick-Up Policy Acknowledgment:
I acknowledge that as the parent/guardian of a the child enrolled in Homework Club's After-School Program, it is my responsibility to ensure that my child is picked up before or at closing. I understand that for every minute I am late in picking up my child, a fee of \$1 will be incurred. I agree to abide by the Late Pick-Up Policy and understand the importance of punctuality in ensuring the smooth operation of the program and the well-being of all students involved.

Photography Release Acknowledgment: (Optional)
I acknowledge that as the parent/guardian of the child enrolled in Homework Club's After-School Program, I provide consent for my child to be photographed or videotaped during program activities. I understand and agree that these images may be used for promotional purposes, including but not limited to our website and/or marketing materials.

PARENT/GUARDIAN NAME (Printed): _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

Homework Club Office Use Only:											
8/24	9/24	10/24	11/24	12/24	1/25	2/25	3/25	4/25	5/25	6/25	
Reg. Fee:						Start Date:					