

# Homework Club | Sierra Madre Elementary

(141 W. Highland Ave, Sierra Madre, CA 91024)

For More Info:  
www.homeworkclubkids.com

(626) 864-1513  
sme@homeworkclubkids.com

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

## AFTER-SCHOOL PROGRAM SCHOOL YEAR: 2026-2027

**Incoming 4th & 5th Grade Only:**  
Please check the box if interested in off campus Homework Club.

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 SME**  
**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: \$320**

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: \_\_\_\_\_

|                                       |      |       |       |       |      |                  |      |      |      |      |  |
|---------------------------------------|------|-------|-------|-------|------|------------------|------|------|------|------|--|
| <b>Homework Club Office Use Only:</b> |      |       |       |       |      |                  |      |      |      |      |  |
| 8/26                                  | 9/26 | 10/26 | 11/26 | 12/26 | 1/27 | 2/27             | 3/27 | 4/27 | 5/27 | 6/27 |  |
| Reg. Fee: _____                       |      |       |       |       |      | Stat Date: _____ |      |      |      |      |  |