

# Homework Club REGISTRATION FORM 2021 - 2022

Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ DOB: \_\_\_\_\_

#1 Parent/Guardian: \_\_\_\_\_

Work Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

Email: \_\_\_\_\_

#2 Parent/Guardian: \_\_\_\_\_

Work Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

Email: \_\_\_\_\_

ParentGuardianSignature \_\_\_\_\_

**After School Hours 2:15 PM - 6:00 PM ~ Monday's 12:30 PM -6:00 PM**

CHOOSE AND CIRCLE YOUR OPTION

**4 Days After school  
\$290 Monthly**

**5 Days After school  
\$300 Monthly**

**NON- REFUNDABLE REGISTRATION FEE DUE WITH FORM: \$75**

*Accepting Venmo: PencilCrayons / 626-864-1513*

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 is following state mandated COVID-19 SAFETY STANDERS. ALL PARTICIPANTS must agree to follow protocol while in our program. All participants must wear a facial mask, wash hands, and respect 6 feet distancing.**

Start Date: \_\_\_\_\_ 2021 REGISTRATION FEE: (\$75) \_\_\_\_\_

8/21 \_\_\_\_\_ 9/21 \_\_\_\_\_ 10/21 \_\_\_\_\_ 11/21 \_\_\_\_\_ 12/21 \_\_\_\_\_

1/22 \_\_\_\_\_ 2/22 \_\_\_\_\_ 3/22 \_\_\_\_\_ 4/22 \_\_\_\_\_ 5/22 \_\_\_\_\_ 6/22 \_\_\_\_\_