

Homework Club

SUMMER CHILDCARE 2023

REGISTRATION FORM & WALKING FIELD TRIP SLIP

Student: _____ Age: _____ DOB: _____

Home Address: _____

Parent/Guardian #1: _____

Ph#: _____ Email: _____

Parent/Guardian #2: _____

Ph#: _____ Email: _____

**SUMMER CHILDCARE DAYS & HOURS:
MONDAY-FRIDAY FROM 7:45AM-5:00 PM
CIRCLE: OPTIONS, DAYS AND WEEKS SIGNING UP FOR**

OPTIONS:	2 DAYS	3 DAYS	5 DAYS		
DAYS:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEKS:	JUNE 5-9	JUNE 12-16	JUNE 19-23	JUNE 26-30	
	JULY 3-7	JULY 10-14	JULY 17-21	JULY 24-28	

FEES: 2 DAYS: \$150 | 3 DAYS \$175 | 5 DAYS \$225

PAYMENT: CHECK OR CASH ONLY

Drop off registration form with fees to Kelle Perez and Nikole Maroe at Homework Club on SME Campus or at HC's off-site location. (183 W. Sierra Madre Blvd Sierra Madre, CA 91024)

I give permission for my child, _____ to attend walking field trips in the community of Sierra Madre with Homework Club staff members during Summer Childcare 2023. (Ex. To Memorial Park, SME campus, Sierra Madre Library, Sierra Madre Fire Department.)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT ALLERGIES _____
PHYSICIANS NAME: _____ PH# _____

In case of emergency, and Parent #1 and #2 can not be reached, please contact:
NAME: _____ PH#: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

In case of an emergency HC will make every effort to contact parents/guardian and emergency contact of the child involved before any treatment is administered; however in the event we are unable to make any contact, we require this medical release to be signed by all participants.

I HERBY AUTHORIZE THE PHYSICIAN/HOSPITAL SELECTED BY HOMEWORK CLUB TO HOSPITALIZE TO SECURE TREATMENT, TO ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR MY CHILD.

HC Office Use Only:

REGISTRATION PAID: _____	WEEKS PAID: _____
WEEKS ATTENDING: _____	