



Extra-Curricular Participation Form

Complete the form with accuracy, fill in the blanks and check off the boxes provided when applicable

First Name _____ Middle _____ Last _____
Student's Legal Name from Birth Certificate (print legibly)

Date of Birth __/__/____ Age _____

Grade: Preschool KG 1st 2nd 3rd 4th 5th 6th 7th 8th

Parent Contact Information

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I wish to register my child for: Please make (x) in the designation categories.

- | | |
|---|--|
| <input type="checkbox"/> Taekwondo | [____ \$80.00 1 st child] or [____ \$60.00 2 nd child] |
| <input type="checkbox"/> Quran Circles | [____ \$50.00 Semester] or [____ \$100.00 Annual] |
| <input type="checkbox"/> Robotics Beginners | [____ \$85.00 Month] or [____ \$225.00 Semester] |
| <input type="checkbox"/> Robotics Advanced | [____ \$85.00 Month] or [____ \$225.00 Semester] |
| <input type="checkbox"/> Robotics Competitive | [____ \$125.00 Month] or [____ \$350.00 Semester] |
| <input type="checkbox"/> Cupcake Decorating | [____ \$100.00 4 sessions] |
| <input type="checkbox"/> Cooking Club | [____ \$50.00 Semester] |
| <input type="checkbox"/> Soccer | [____ \$50.00 Monthly] |
| <input type="checkbox"/> Nasheed Club | [____ \$20.00 Annual] |
| <input type="checkbox"/> Craft Club | [____ \$30.00 Quarter] |
| <input type="checkbox"/> Typing Club | [____ \$30.00 Semester] |
| <input type="checkbox"/> Other _____ | [____ \$ _____] |

Authorizations/Waivers

- I consent to my child attending this club. I understand that the club has policies and procedures and there are expectations and obligations relating to the conduct of myself and my child and I agree to abide by them. I understand that failure to do so will mean that my child will no longer be able to attend the club.
- I agree to complete the automatic payment form and charges will incur while my child is enrolled in the activity marked above.
- I understand that persistent late or non-payment of fees may jeopardize my child's participation.
- If my child is not collected by end of the agreed upon time, my child will be sent to After School Care Program and I will pay a charge of \$10.00 per hour to cover the costs of the staff who are legally required to stay.
- If my child remains at 6.30 pm, after doing everything possible to contact parents and emergency contacts, then I understand that the after school club staff will be legally required to contact Social Services.
- I understand that staff cannot be held responsible for any lost or stolen items.

- I understand that should there be any incidents at any of the after school clubs involving my child, I will be informed of the situation
- I understand that the school's and club's policies will apply to the after school clubs.
- I understand that the information given on this registration form is confidential. However, there may be times, for example in the case of child protection concerns, when details may be passed to other agencies in line with the child protection policy.
- I confirm that the information given on this form is correct and agree to notify the club of any changes
- I give permission for a member of staff to administer appropriate first aid if required.
- I give permission for a member of staff to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.
- I have read and, in signing this form, accept the above conditions for my child attending the after school extra-curricular activities.

Signature of Parent: _____ **Date.** _____

Please print name: _____