

St. Joseph School – Enrichment Clubs Student Application

Note: *If an activity is overenrolled, all students who meet these criteria will be entered into a pool with final participants randomly selected. Anyone not selected will be notified and the check will be returned. If an activity is under enrolled it may be cancelled.*

Student Information (Please complete one form per child)

Name: _____ Grade/Teacher (e.g., KNC or 3S): _____

Activity Information (please specify specific date when needed)

Activity Name(s): _____	Program Fee: _____
_____	Program Fee: _____
_____	Program Fee: _____
_____	Program Fee: _____
_____	Program Fee: _____
	TOTAL DUE _____

Medical Information

Insurance Provider: _____ Policy Number: _____

Known Allergies/Pertinent Medical Information: _____

Emergency Information

Contact Name: _____ Phone Number: _____

After Session Information (Check One)

Return my student to After School Care.

I will pick up my student.

The following person(s) have my permission to pick up my student: _____

Please read and indicate your agreement by signing below.

I request my student be enrolled in this(these) Enrichment Club(s). I understand these sessions are conducted by independent contractors. I understand the school's insurance policy is still in effect for the duration of this activity. I hereby give my consent to have a first aid responder, EMT, nurse and or doctor provide my student with medical assistance and treatment.

I understand I am responsible to pick up my student within 10 minutes of the end time indicated above. If I fail to do so I understand that my student may be taken to the After School Care Program and I acknowledge I will be responsible for any and all associated fees related to my student's attendance in this program.

Parent/Guardian Signature: _____ **Date:** _____

FOR YOUR APPLICATION TO BE COMPLETE: You must enclose a check for the program fee payable to "St. Joseph School." Anyone who wishes to apply for financial aid for this activity should contact the School Principal.

**PLEASE RETURN THIS ENTIRE SHEET –
MARK ENVELOPE "ENRICHMENT CLUBS"**