

**AFTER SCHOOL CLUBS - APPLICATION FOR CLUB**

**REGISTRATION AND CHECKS ARE DUE IN DRAWER BY FRONT DOOR**  
**OR AT DEB HILDEN'S 20 DIMITRI PLACE BY WEDNESDAY, FEB 3**  
**LATE FORMS WILL NOT BE ACCEPTED**

	CLUB NAME	DAY	ALTERNATE	DAY
1st CLUB				

	CLUB NAME	DAY	ALTERNATE	DAY
2nd CLUB				

**NOTE: A SEPARATE CHECK FOR EACH CLUB & ALTERNATE MUST BE ATTACHED TO BE CONSIDERED IN LOTTERY. All checks should be made out to MURRAY AVENUE PTA. Unused checks will be destroyed.**

**CHILD'S NAME:** \_\_\_\_\_

**CHILD'S GRADE:** \_\_\_\_\_ **TEACHER:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**List phone number and name of contact for pickup or absence:**  
**Indicate if cell, home, work**

**1st PHONE #:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**2nd PHONE #:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**3rd PHONE #:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**LOCAL EMERGENCY CONTACT:** \_\_\_\_\_

**PHONE#:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**SPECIAL MEDICAL INFORMATION / PROBLEMS:** \_\_\_\_\_

**DISMISSAL INSTRUCTIONS:**

Is child permitted to leave club on his/her own? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
(Parent signature)

If **NO**, list all adults your child may be dismissed to:

\_\_\_\_\_