Club Literacy® Registration

Student's Name:_____ Date of Birth:_____

Parent's Name:_____ Child's Age:_____

Home Phone:_____ Work Phone:_____ Mobile:_____

How did you hear about Club Literacy?_____

Address:_____City:_____Zip:_____

E-mail:_____

Emergency Contacts:_____

Food Allergies:_____

Pertinent Medical Information:_____

Class:_____ Day:_____ Time:_____

How did you hear about Club Literacy?_____

In consideration of your accepting this registration, I, the parent or guardian of the above named student, hereby give my consent and agree to release, indemnify, and hold harmless Club Literacy and any of their instructors from any liability, claim, or action for damages resulting from or in any way arising out of said student's participation in Club Literacy classes and/or special events.

I further acknowledge and agree that I will be fully responsible for any and all damage to any educational equipment resulting from the negligence or willful acts of the above named student while participation in Club Literacy classes and/0r special events.

I agree to pay the full monthly fee regardless of an absence and it is my responsibility to schedule a make-up class.

Please try to keep absences to a minimum of once a month unless they are unavoidable due to illness.

Signature:_____ Date:_____

Tuition is non-refundable

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