

Student's Name:		Date of Birth:	
Parent's Name:		Child's Age:	
Home Phone:	Work Phone:	Mobile:	
How did you hear abou	ut Club Literacy?		
Address:	City:	Zip:	
E-mail:			
Food Allergies:			
Pertinent Medical Infor	rmation:		
Class:	Day:	Time:	
How did you hear abo	ut Club Literacy?		
student, hereby give mand any of their instruc	ny consent and agree to release, in ctors from any liability, claim, or ac	parent or guardian of the above named ndemnify, and hold harmless Club Literacy tion for damages resulting from or in any eracy classes and/or special events.	
educational equipment		nsible for any and all damage to any willful acts of the above named student while nts.	
l agree to pay the full r make-up class.	monthly fee regardless of an abse	nce and it is my responsibility to schedule a	
Please try to keep abs illness.	ences to a minimum of once a mo	onth unless they are unavoidable due to	
Signature:		Date:	
	Tuition is non-refu	ndable	
*************************************	·	^^^^^^	
Check#:	For Office Use 0		
	Amount:		