Homework CLUB

Q 1

2:15-3:15

Child's Name_____Grade_____

Parent(s) Name_____

Address:_____

E-mail address:_____

Home#__(_____)_____

Cell#___(_____)_____

Any Allergies?_____

If yes, epipen? _____

Emergency Contact:_____

Home(_____)_____Cell(_____)_____

Permission for pickup:

Name(s)_____

Phone_(_____)_____.

Please circle which days or all days each week

M T W T every day