



# "Clubs by the Club" REGISTRATION FORM

Please Complete one form per child.  
Current Program for FAUSEY STUDENTS ONLY

**Office Use Only**

Member \$20 x \_\_\_ = \_\_\_

Non-Mem \$50 x \_\_\_ = \_\_\_

E-pay: On File / New

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

May we email you about upcoming programs/events? Y or N

May we photograph your child for marketing purposes? Y or N

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Check Here	<b>ART CLUB</b> <b>Tuesdays in the</b> <b>Art Room</b>
	10/1, 10/8, 10/15, 10/22, 10/29, 11/12, 11/19

Check Here	<b>S.T.E.M. CLUB</b> <b>Thursdays in the</b> <b>Art Room</b>
	10/3, 10/10, 10/17, 10/24, 11/7, 11/14, 11/21

**Emergency Contact Numbers - Please Update any changes:**

**1. Name:** \_\_\_\_\_

Relationship to child (Mom, Dad, Aunt, Brother etc.) \_\_\_\_\_

Phone Number/Numbers: \_\_\_\_\_

**2. Name:** \_\_\_\_\_

Relationship to child (Mom, Dad, Aunt, Brother etc.) \_\_\_\_\_

Phone Number/Numbers: \_\_\_\_\_

**3. Name:** \_\_\_\_\_

Relationship to child (Mom, Dad, Aunt, Brother etc.) \_\_\_\_\_

Phone Number/Numbers: \_\_\_\_\_

**4. Are there any special health concerns? (Example: Allergies/Asthma)**

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_