

# SIGN UP FORM FOR Kid's Klub



Dear Parent/Guardian:

The following information and signature of permission is required by you prior to your child/children participating in any SLMS Kids Klub extra-curricular activities. An individual form needs to be filled out for each child attending. A new form will be distributed every two weeks.

For the weeks of January 13<sup>th</sup> and 20<sup>th</sup> 2003 please complete the following:

**I. Student and Attendance Information:**

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

See attached Kids Klub Calendar. Please fill in the times your child will be arriving and departing. Keep in mind once your child has left school, or a school function, (s)he must be signed in by a person named below. All Students must be picked up by a person named below

**WEEK ONE: January 13-17 Art Room @ SLMS**

Monday, 1/13/03	Time Arriving _____	Time Departing _____
Tuesday, 1/14/03	Time Arriving _____	Time Departing _____
Wednesday, 1/15/03	Time Arriving _____	Time Departing _____
Thursday, 1/16/03	Time Arriving _____	Time Departing _____
Friday, 1/17/03	Time Arriving _____	Time Departing _____

**WEEK TWO: January 20-24 Art Room @ SLMS**

Monday, 1/20/03	Time Arriving _____	Time Departing _____
Tuesday, 1/21/03	Time Arriving _____	Time Departing _____
Wednesday, 1/22/03	Time Arriving _____	Time Departing _____
Thursday, 1/23/03	Time Arriving _____	Time Departing _____
Friday, 1/24/03	Time Arriving _____	Time Departing _____

**PLEASE REMEMBER TO MAKE A COPY OF THE ABOVE SCHEDULE FOR BOTH STUDENTS AND INDIVIDUALS BELOW**

**II. Names of Individuals picking up Student (during this time period).**

These names must be on the Contact Information Card submitted to SLMS Kids Klub. Identification must be presented.

**III. Health Limitations:**

Does your child have any health/physical limitations at this time that need to be observed? Y \_\_\_ N \_\_\_  
Please describe condition and any related limitations or medications:

**IV. Volunteering**

The director accepts all adult volunteers who want to develop students through WAVE activities. If you are interested a WAVE Volunteer please stop in the Art Room any time or contact the director. We are strongly encouraging the commitment and involvement of the entire community, especially parents of SLMS students. If you are volunteering on any day(s) your child (school age or younger) can attend with you.

**V. Permission Signature:**

I hereby give my permission for my child, \_\_\_\_\_ to participate in the BKAM Program Activity(ies) listed above. I recognize that the activity is directed by volunteers and is not a school function. I understand the instructors will make every attempt to provide a safe environment and give each child equal opportunity to participate. I am hereby waiving and releasing the BKAM Program and Instructors from any and all claims or legal actions arising out of my child's participation in any of its activities. I assume there is no medical coverage and I assume personal responsibility in case of injury resulting from participation in the activity.

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

# **Make A Wave @ Kid's Klub**



**Hit the 'Wave' while Creating:  
New skills, New Friends,  
New Relationships, New Talents**

## **Kid's Klub Structure:**

Boundless experiences outside the classroom  
Limitless resources for learning while having fun  
Endless possibilities for growth

**Available: 3 P.M.—7 P.M. Monday –Friday**

**FREE OF CHARGE**

**MEET US IN THE ART ROOM**

**REGISTRATION & SIGN UP FORMS**

**WISDOM  
ADVENTURE  
VIRTUES  
EDUCATION**

**PARENTS AND STUDENTS WELCOME AT ALL TIMES**

(All Students must be picked up by designated individuals)

## **Contact Information**

**Contessa Lopez  
WAVE CLUB Director**

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