

2009-2010 School Year Logan View Clubhouse CLC Enrollment Form

**PLEASE KEEP US
UPDATED ON ANY
CHANGES DURING
THE SCHOOL YEAR.**

Spanish other side

Child's Name _____

Date of Birth _____

Best phone number to reach you in case of an emergency _____

Contact information for who we can release your child to (name, phone number, and relationship to child)

My child can have non-aspirin. Yes No

List any allergies, daily medications, health issues, or any other information we should be aware of

Circle the **main reason** you want your child involved in the Logan View Clubhouse CLC program.

Extra help with homework

Supervision

Activities

Recreation

Circle the **normal** weekly schedule your child will need the Logan View Clubhouse CLC.

AM

Monday

Tuesday

Wednesday

Thursday

Friday

PM

Monday

Tuesday

Wednesday

Thursday

Friday

******* VERY IMPORTANT FOR YOUR CHILD'S SAFETY *******

If this schedule must change, we have to know about it by 2:30 p.m. at the latest. You may call CLC (654-2221)

or the school (654-3315) and leave a message. Or even better... send a note with your child to give to his/her teacher and Mrs. O.

I would like my child to start on (date) _____. This will have to be approved before my child can start.

My child will need 5:15 PM bus transportation.

Yes

No

If yes, to:

Nickerson Park

Winslow Post Office

Uehling St. Paul's Lutheran Church

My child can leave CLC on his/her own.

Yes

No

At what time? _____

I can help CLC in the following ways:

_____ I can volunteer to help with daily clubs / homework time / study skill time / other activities.

_____ I can help from home.

_____ I can help with 4-H activities.

_____ I can help set up for Family Fun night activities.

_____ Other _____

Please initial the following:

My child's picture and name can be released to the newspaper in conjunction to CLC news. _____

