

Registration Form For After School Classes

Student: _____

Grade: _____ Teacher: _____

Parent/Guardian Name: _____

Phone: _____

Email address: _____

Class Name: _____

Class Date (s): _____

Class Time (s): _____

Fee: _____ (Checks to St. John's unless otherwise specified)

Parent will pick up at the end of class _____ Student should go to J-Care after class _____

I/We the parents or guardians of the above named child hereby give my/our approval to his/her participation in any and all of the activities of St. John the Baptist after school classes. I/We assume all risks and hazards incidental to the conduct of the activities. I/We hereby waive all claims against the organizers, sponsors, volunteers, directors or any of the supervisors in case of injury to my child.

Parent/Guardian Signature: _____

Date: _____