

Craft Club

Please fill out the information below and return it to the FRONT OFFICE. Please complete a form for each child. Your child will attend from 3 until 4 every Tuesdays and Thursday for Craft Club with Mrs.Gajewski. Please have transportation at 4PM.

Student Information:

Student's Name: _____ Team: _____

Homeroom Teacher: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell _____

Please let us know if your child has any physical limitations and/or food allergies.

I give permission for my child to participate in this activity.

Parent/Guardian Signature _____