

## WAVERLY AFTER SCHOOL CLUB PROGRAM 2012 SPRING SESSION REGISTRATION FORM

**Kindergarten and First Grade Students:** Mail completed Registration Form(s) to:  
Jacqueline Fatigate, 30 Tuckahoe Avenue Eastchester, NY 10709 by:

**Friday, February 17, 2012.**

(For insurance purposes, you must be a member of the Waverly PTA in order for your child to participate in the After School Clubs.)

Child: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Medical problem(s) and/or special needs we should be aware of (all allergies):  
\_\_\_\_\_

E-Mail address: \_\_\_\_\_

Person who will pick up child from club: \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

**Emergency name and number should be someone who is local and can be reached during the day in case of emergency or the unexpected cancellation of a club.**

The undersigned hereby releases the Waverly PTA employees and volunteers of any liability whatsoever in connection with any damages and/or injuries that the above named child may sustain as a result of participation in the Waverly After School Club Program. I also give permission for my child to receive emergency medical treatment in the event that I cannot be reached.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	Club Name	Day of Week	Fee \$
1 <sup>st</sup> Club			
Alternate			
2 <sup>nd</sup> Club			
Alternate			
3 <sup>rd</sup> Club			
Alternate			
4 <sup>th</sup> Club			
Alternate			
5 <sup>th</sup> Club			
Alternate			

Total Amount Enclosed (**Check(s) payable to Waverly PTA**) \_\_\_\_\_ You may enroll your child in up to one club per day. Please provide an alternate option in the event that the first choice(s) is full. Include a separate check for each club. A confirmation form will be sent to you via **E-MAIL**. If we are unable to fulfill a registration, you will be sent a refund.