

**St. Joseph School — Enrichment Clubs  
Student Application**

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**Student Information** (Please complete one form per child)

Name: \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

**Activity Information** (please specify specific date when needed)

Activity Name(s): \_\_\_\_\_ Program Fee: \_\_\_\_\_

Program Fee: \_\_\_\_\_ Program Fee: \_\_\_\_\_

Program Fee: \_\_\_\_\_ Program Fee: \_\_\_\_\_

Program Fee: \_\_\_\_\_ Program Fee: \_\_\_\_\_

**TOTAL DUE** \_\_\_\_\_

**EMERGENCY INFORMATION**

Known Allergies/Pertinent Medical Information: \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**After Session Information** (Check One)

\_\_\_\_\_ Return my student to After School Care.

\_\_\_\_\_ My student will be picked up.

**ALL CONFIRMATIONS/CLASS REMINDERS WILL BE MADE THROUGH E-MAIL.  
NO hard copies will be printed out.**

**E-MAIL ADDRESS:** \_\_\_\_\_

(Please print)

**Please read and indicate your agreement by signing below.**

I request my student be enrolled in this(these) Enrichment Club(s). I understand these sessions are conducted by independent contractors. I understand the school's insurance policy is still in effect for the duration of this activity. I hereby give my consent to have a first aid responder, EMT, nurse and or doctor provide my student with medical assistance and treatment.

I understand I am responsible to pick up my student within 10 minutes of the end time indicated above. If I fail to do so I understand that my student may be taken to the After School Care Program and I acknowledge I will be responsible for any and all associated fees related to my student's attendance in this program.

**\*NO Applications will be accepted AFTER the Due Dates. Forms and payments will be returned to you if not handed in by designated due dates. NO EXCEPTIONS.**

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

**FOR YOUR APPLICATION TO BE COMPLETE:** You must enclose a check for the program fee payable to: "St. Joseph School." Anyone who wishes to apply for financial aid for this activity should contact the School Principal.

**Liability Release Form**

All participants must have a parent or guardian sign the below form before they may participate in any of the Enrichment activities. This form is mandatory. There will be no exceptions.

I \_\_\_\_\_, am at the full understanding that participation in an after school activities may come with some risks. Sports, cooking, artwork, etc. have certain risk factors. In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in ANY of the St. Joseph's Enrichment clubs, events or activities. I hereby release St. Joseph's School, Church and its officers, employees, or agents from any liability, costs and damages resulting this individual's participation.

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for St. Joseph's School to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian / Date