**AFTER SCHOOL CLUBS ~ 2019 ENROLLMENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Homeroom:** |  |
| **TUESDAY CLUBS: February 5 February 12 February 19 February 26** **THURSDAY CLUBS: February 7 February 14 February 26 February 28**  |  |
|  |  |
| **Lego**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Tuesdays: Grades K-2nd**  |  | **Thursdays: Grades K-2nd** |
|  | **Tuesdays: Grades 3rd-5th**  |  | **Thursdays: Grades 3rd-5th**  |

 | **$50** |
|  |  |
| **ART**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Tuesdays: Grades 3rd-5th**  |  | **Thursdays: Grades K-2nd** |

 | **$50** |
|  |  |
| **PAINT A TEE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Tuesdays: Grades 1st-2nd**  |  |  |  |

 | **$50** |
|  |  |
| **TimE TO KILN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Thursdays: Grades 3rd-5th**  |  |  |  |

 | **$45** |
|  |  |

**I give permission for my child to participate in the SJS After School Clubs** (check one:)

|  |  |
| --- | --- |
|  | I will be responsible for my child’s transportation after the club. Pick up at 3:30 from the school cafeteria. |
|  | My child will go to EDP after the club |

**Signature: Date:**

**Parent cell #: Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name & Cell #:**

**Please complete one form per child. Check box next to choice(s). Make all checks payable to *Saint James School*. Return completed form with check to the Business Office in an envelope marked *Clubs*.**

**Deadline is January 29th.**