

ART CLUB REGISTRATION FORM

This form must be returned to Mrs. Leftwich by September 16th
with supply fee check for \$20.00 (Payable to R.E.S.)

Name: _____

Classroom Teacher: _____

Grade: _____

Parent's Name: _____

Home Phone#: Cell: _____

E-mail address: _____

Emergency Phone Number: _____

My child _____, has my permission to attend Art club until 3:55 on Thursdays. Please pick your child up at 4:00 from the back parent drop off/pick up area. It is very important that you be on time.

Signature _____ Date: _____

Names of people allowed to pick up your child and contact phone numbers:

1. _____
2. _____
3. _____