

# Unicycle Club Registration Form Spring Trimester 2010

My child will be picked up from the gym at 4:30 sharp       My child can sign out on his/her own  
 My child will go directly to after school care after club is finished

Student name \_\_\_\_\_ Grade/Classroom # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Address \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Food Allergies \_\_\_\_\_

Winter Trimester Tuition = \$40     Check Enclosed (make checks payable to: Rett Hartmann)

I will contact you about a partial or full scholarship

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

Please bring form to the gym and give it to Mr. Hartmann during P.E. class or before/after school. Space is limited and will be awarded on a first come/ first serve basis.

Thanks,

Rett Hartmann

--call with any questions on my direct line at school (206) 252-1525