



Cologne Academy Clubhouse 2017-2018

Registration

Student Information

Student Name: _____

DOB: _____ Grade _____ Teacher _____ Gender: M F

Does your child have any special needs? Yes No Does your child have IEP? Yes No

List any known allergies _____

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Does your child have any special needs? Yes No Does your child have IEP? Yes No

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Student Name: _____

DOB: _____ Grade _____ Teacher _____ Gender: M F

Does your child have any special needs? Yes No Does your child have IEP? Yes No

List any known allergies _____

Family Information

Parent #1 _____ Parent #2 _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Use this email for billing purposes

Use this email for billing purposes

Name of authorized person(s) to pick up your child/ren:

Schedule

Annual Contract

Schedule will change, I will turn in a bi-weekly schedule

Parental Consent: I have read, understand, and agree to the Cologne Academy Clubhouse policies as stated in the Cologne Academy handbook. Permission is given for my child to take part in trips outside of school as part of the regular Clubhouse Program. Cologne Academy reserves the right to make decisions about enrollment and participation in our activities and programs.

Parent/Guardian Signature

Date