

Specialty Class Permission Slip
Academic Programs
Monthly Fee

F.T. Total	
Receipt #	

IMPORTANT - PLEASE READ!: Limited enrollment - first come first serve. There are no credits or refunds in the event of an absence. We must have the completed permission slip and the fee before a child can be signed up to attend the trip. The staff reserves the right to prohibit a child from participating in a field trip based on behavioral or disciplinary concerns.

PLEASE PUT A CHECK NEXT TO THE TRIP(S) YOUR CHILD WISHES TO PARTICIPATE

Date	Specialty Class	Fee	Time	Comments
On-going	<input type="checkbox"/> One on One Tutoring	\$225.00	5:00-5:30 p.m.	Twice per week/45 minutes
On-going	<input type="checkbox"/> Group Tutoring	\$85.00	6:15-7:00 p.m.	Mon & Thurs
On-going	<input type="checkbox"/> Fast Math	\$25.00	5:00-5:30 p.m.	Monday- Friday
On-going	<input type="checkbox"/> Scholastic Wiggleworks	\$25.00	5:30-6:00 p.m.	Monday- Friday

Child's Name _____ Age _____

Special Instr. _____

Address _____ Phone _____

City _____ Zip Code _____

Emer. Contact _____ Phone _____

Alt. Contact _____ Phone _____

I hereby give my son/daughter/charge, permission to participate in this Boys & Girls Club's activity. In the event of an emergency, and I cannot be reached, I give my permission to the Boys & Girls Club of Simi Valley, and/or it's agents. to obtain whatever medical assistance is necessary at my expense.

I, _____ being parent, guardian or other person entitled to legal custody of, _____, a minor child, do hereby authorize the Boys & Girls Club of Simi Valley, into whose care I have entrusted said minor child to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor child under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provision of the Medicine Practice Act, or to consent to an X-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

Parent or Guardian: _____ Date: _____

Doctor: _____ Phone: _____

Insurance Company: _____ Policy Number: _____