

**The King's Academy
Elementary Extra-curricular
Registration/Permission Form**



My child, _____, has my permission to participate in these extra-curricular activities/lessons: _____

Age of child: _____ Gender: M F Grade level/Teacher: _____

I am enclosing a check made payable to "The King's Academy" in the amount of _____.
The elementary extra-curricular payment is a non-refundable fee. Payments are not prorated due to student absences, delayed registration, school holidays, emergency weather closings, or other school-related clinics that are offered after school.

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Home phone number

Cell phone number

Date

E-mail address

Name of person who will be responsible for picking up child from the extra-curricular activity/activities):

(Print) _____ Relationship to child: _____

Does your child have any medical concerns and/or injuries that the instructor should know? N / Y

If yes, please list:

Please Complete

Check# _____ **Amount** _____

Cash Amount _____