

## Fall, 2019 Lunch Club Registration Form

Student Name \_\_\_\_\_

Group Number \_\_\_\_\_

Parent Name \_\_\_\_\_

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

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Please indicate below the lunch club you would like your child to attend each day. If you do not want your child to attend a lunch club please indicate each day he/she should not attend a lunch club by responding "NLC" by any day(s) your child will not be attending a club. Please refer to the attached list of clubs, sorted both by type and day, to make your selection(s). NOTE: Your child will not be allowed to attend a club until this form is returned

Thank you.

### Club Selection(s)

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_