

Club Form



This form must be completed and submitted to Thrive Kids Club VCS before or at the beginning of each semester and/or before any change in a child's extra-curricular schedule.

Children in grades K-1 are not allowed to transition to other extra-curricular activities on their own. Authorized persons other than Thrive Kids Club staff must ensure the transition. Without an up-to-date Club Form children will not be release to anybody other than persons listed as Authorized for pick-up in the Registration Form. Persons legally allowed to supervise the transition must be at least 13-year-old. Due to licensing regulations, children in our program will not be release to any tutors, coaches, VCS staff or teaching personnel without an up-to-date Club Form.
 Children in grades 2-5 will be released to transition to extra-curricular activities at VCS without supervision if we have an up-to-date Club Form.

Name of Child _____ Schedule start-date _____

Current grade _____ Schedule end-date _____

Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday	
Activity:	<input type="checkbox"/> Club <input type="checkbox"/> Tutoring <input type="checkbox"/> Home <input type="checkbox"/> Other _____	<input type="checkbox"/> Club <input type="checkbox"/> Tutoring <input type="checkbox"/> Home <input type="checkbox"/> Other _____	<input type="checkbox"/> Club <input type="checkbox"/> Tutoring <input type="checkbox"/> Home <input type="checkbox"/> Other _____	<input type="checkbox"/> Club <input type="checkbox"/> Tutoring <input type="checkbox"/> Home <input type="checkbox"/> Other _____	<input type="checkbox"/> Club <input type="checkbox"/> Tutoring <input type="checkbox"/> Home <input type="checkbox"/> Other _____	<input type="checkbox"/> Club <input type="checkbox"/> Tutoring <input type="checkbox"/> Home <input type="checkbox"/> Other _____
Name of Club:						
Location/Room #:						
Time of activity:	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	
Returning to Thrive Kids Club after activity:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Name of person to contact if child is not returning in due time (e.g. club leader or tutor):						
Cell phone of person to contact if child is not returning in due time:						

Mandatory for children in grades K-1					
Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday
Name of person picking up your child from Thrive Kids Club to bring to club, tutoring, ...:					

Name of Parent _____

Date _____

Signature _____