



Membership Application

Please circle all that applies for school year 2012 - 2013: Before School Care, After School Program, Xtreme Fun (Holiday Care)

Student's Full Name, Birth Date, Male or Female, Start date, Address, City, Zip, Campus, Teacher, Grade

Mother or Legal Guardian, Birth Date, Cell #, Home Address, City, Zip, Home #, Employer, Phone #, email, Employer Address, City, Zip, Work Schedule

Father or Legal Guardian, Birth Date, Cell #, Home Address, City, Zip, Home #, Employer, Phone #, email, Employer Address, City, Zip, Work Schedule

List anyone, including mother and father, who may pick up your child from Club eXcel.

Table with 4 columns: Name, Relationship, Driver's License Number, Phone Number

List at least two local people to call, other than parents or persons listed above, in case of emergency or other reasons and if parents cannot be reached.

Table with 4 columns: Name, Relationship, Driver's License Number, Phone Number

Preferred Doctor/Hospital, Address, Phone #

My child has the following known allergies

List health conditions or problems:

Table with 5 columns: Health Problem, Doctor, Phone #, Current Treatment, Instructions for Club eXcel

All Club eXcel fees must be paid monthly or weekly and may not be changed after application is processed.

Part time attendance must be paid in advance monthly on the first business day of the month.

Please initial on the blank of the statement that applies to you.

I agree to pay tuition payments in advance weekly on every Monday.

I agree to pay tuition payments in advance monthly on the first business day of the month.

By signing this membership application and parent agreement, I understand and agree to abide by the Joshua ISD Club eXcel guidelines and enrollment conditions.

Father/Legal Guardian, Date

Mother/Legal Guardian, Date