



ST. MICHAEL'S ACADEMY

Inspired Minds

Faith-Filled Hearts

Tomorrow's Leaders

Payment Received
Date: _____
Check _____
Cash _____

Permission/Sign Up to Participate in Book Club

Student Name: _____ **Grade:** 4th, 5th, 6th

Teacher: _____

Dates of Classes: Monday, Feb. 26th* and then Tuesdays thereafter on March 13, 27, April 10, 24, May 8, 22 and June 5.

Time: 3:45 – 5 p.m. **Place:** SMA Conference Room

*** Please note this is the first Monday after February vacation!**

PLEASE READ CAREFULLY BEFORE SIGNING

Welcome to the St. Michael's Academy Book Club! For liability purposes, we are asking each parent to sign the following form, providing their agreement to the policy:

-I understand that participation in this club is voluntary.

-If my child's behavior is disruptive to the rest of the participants, I understand that the instructor reserves the right to refuse a student's participation and I or my spouse will be notified at the end of that day's event.

-I hereby release said staff, volunteer or organizers from any and all liability which occur on account thereof.

-I understand that my child will need to be picked up promptly at 5 p.m. or they will be sent to the after school program with the associated fees.

I have read and agree to abide by the terms of this agreement.

By: _____ (signature of parent) Date: _____

Parent/Guardian Phone #: (C): _____ (H): _____

Email: _____