Robotics Club

PLEASE, return this form to **Ms. Van Horn or Mrs. Pack** by ***2:30 Pm,***
Tuesday, September 26, 2011
Meetings are every Monday in Library right after school till 4:00 PM.

Please ***print*** the following information.

Student's Name: _____ Home Room Teacher: _____
Address:_____
Home Phone: _____ Cellular phone: _____(Mom / Dad)
or phone number to contact during or after Robotics Club: _____
Parent's Names / Information:
Father _____ Work Phone: _____
Mother _____ Work Phone: _____

My child will get home from Robotics club in the following way:
____parent will pick up ____after school care ____walk ____carpool

Emergency contact(s) – has permission to pick child up following Robotics club in case you, the parent, are unable to:
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Any food allergies that your child has: _____
Any medical conditions we need to be aware of (This will be kept confidential.)
_____
_____
In the event that the club is requested to have pictures taken or videotaping for educational purposes, news release information / publicity or article / TeacherWeb (NEISD) site; my child:

___DOES have permission to be photographed / videotaped for these purposes only.
___DOES NOT have permission to be photographed / videotaped for any purpose.

_____
Parent Signature

Current teacher recommendation:_____

_____
Signature

Last year's teacher recommendation:_____

_____
Signature