



Membership Application

Student's Full Name _____ Birth Day ___/___/___ Male or Female ___ Start Date _____

Address _____ City _____ Zip _____ Campus _____ Teacher _____ Grade _____

Parent or Legal Guardian _____ Cell # _____

Home Address _____ City _____ Zip _____ Home # _____

Employer _____ Phone # _____ email _____

Employer Address _____ City _____ Zip _____ Work Schedule _____

How many days will your student attend the Godley ISD After School Program? _____ Circle the days- M T W TH F

Is your child on the Free or Reduced Lunch Program? _____

Student lives with: (Check all that apply) ___ Both Parents, ___ Mother, ___ Father, ___ Grandparents, _____ Other

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

Name	Relationship	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.

Name	Relationship	Phone Number

Preferred Doctor/Hospital _____ Address _____ Phone # _____

My child has following known allergies _____

List health conditions or problems:

Health Problem	Doctor	Phone #	Current Treatment	Instructions for Cub Club

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

\$25.00 Enrollment Fee must accompany this application.

Please initial besides the statement that applies to you.

_____ I agree to pay tuition payments in advance weekly on every Monday (of the first business day of the week).

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

By signing this membership application, I understand and agree to abide by the Cub Club enrollment conditions and understand failure to comply could be cause for my child to be dismissed from the program.

Father/Legal Guardian _____ Date _____

Mother/Legal Guardian _____ Date _____