



# PIRATE CARE CLUB APPLICATION 2023-2024



Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street \_\_\_\_\_

City, State \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Other's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please choose the plan in which you wish to be enrolled:

\_\_\_\_\_ I choose the 3-5 days a week plan at \$60 for one session per day.

\_\_\_\_\_ I choose the 3-5 days a week plan at \$120 for two sessions per day.

\_\_\_\_\_ I choose the 1-2 days a week plan for one session per day. If I need an additional day, I will pay the daily rate of \$10 per extra session.

\_\_\_\_\_ I choose the 1-2 days a week plan for two sessions per day. If I need an additional day in either session, I will pay the daily rate of \$10 per extra session.

Please circle the session(s) you wish your child to attend?

Morning:	M	T	W	Th	F
Afternoon:	M	T	W	Th	F

Plans can be changed at the beginning of any month. If prepaid for multiple months, an adjustment will be made to reflect the change in cost.

**Waiver:**

**I have read the Pirate Care Club Handbook and understand the procedures governing the program. I understand the enrollment is voluntary and that I shall not hold Wheelersburg Local Schools responsible in the event of an accident. I give my child permission to participate in the program.**

**I also hereby give consent for the administration and treatment deemed necessary by the school staff, doctors, and transport to a hospital that is reasonably accessible. Please list facts concerning medical history and/or allergies:**

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**All sections must be completed or enrollment in the program will be refused.**