

Bluebonnet Club Registration Form

This form must be returned on Club and Activity Sign-up Day.
(Friday, September 5th, 8:00-9:30am, 1:45-3:15pm, and 6:00-7:00pm)

Name: _____

Classroom Teacher: _____

Grade: 3 4

Parent's Name: _____

Phone Numbers: _____

Emergency Contact: _____

Email Address: _____

Bluebonnet Club will use email as main method of correspondence.

Note:

Students may attend the club whenever they are interested in the particular book being read by the librarian. Students **do not** have to attend Bluebonnet Club for all three books. Students should attend for the book(s) they want to receive Bluebonnet Club credit.

Please check:

_____ I would like to help with Bluebonnet Club.

_____ I understand 1 – 2 hours of my time will be needed to help with the club and carpool assistance.

My child _____, has my permission to attend Bluebonnet Club.

Signature _____

_____ My child will walk home from Bluebonnet Club.

_____ My child will ride his/her bike home from Bluebonnet Club.

People allowed to pick my child up from Bluebonnet Club and phone number:

1. _____

2. _____