



NCS Use Only

Date recd. ____

Pmt type ____

Amount ____

Recorded ____

AAA Clubs - Registration Form for 6th - 8th Grades

Session One: August 29th through November 4th, 2016

Payment must accompany form. There are NO refunds after the first week.

Registration Due Date: Friday, August 26, 2016

Student Name _____ **Grade** _____ **Parent Name** _____

Contact Numbers: Home _____ Work _____ Cell _____

Emergency Contact _____ Emergency Contact Phone _____

Parent Email(s) _____

Choose Your Club(s) for Session One: _____ Amount Enclosed for Club Registration(s): \$ _____

Club	Cost	Day	Times	Grade Level	Facilitator	Room
___ Barnabas Club (minimum 4)	\$ 50.00	Mon	3:15 – 4:30 PM	Grades 6-8	Mrs. Gonzales	206
___ Advanced Art (minimum 5)	\$150.00	Mon	3:15 – 4:30 PM	Grades 6-8	Mrs. Sanchez	432
8 Sessions - No Clubs 9/5 & 10/10						
___ "Your Shot" Golf	\$180.00	Tue	3:30 - 5:00 PM	Grades 6-8	Coach Steve	Bellair
9 Sessions – No Clubs 10/11						
___ Crusader Chess Club	\$112.50	Wed	3:15 - 4:30 PM	Grades 6-8	Chess Emporium	308
___ Mathletes	\$175.00	Wed	3:15 - 4:30 PM	Grades 6-8	Ms. Gill-Ceraulo	203
9 Sessions – No Clubs 10/12						
___ Cooking, Activities, & Crafts	\$120.00	Thur	3:15 - 4:30 PM	Grades 6-7	Mrs. Ehlers	209
8 Sessions – No Clubs 10/6 & 10/13						

***Several classes have minimum number requirements.**

Submit application and payment to NCS Front Desk to register for a Class.

Please make the payment to NCS (Northwest Christian School)



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Club T-Shirt Size: (Circle one) Child S (6-8) Child M (10-12) Child L (14-16) Adult S Adult M Adult L

With registration your child will be provided one free AAA shirt each year. We apologize but t-shirts may not be exchanged for another size once they have been ordered. Late registrations after the closing date may not receive a t-shirt.

Consent: I hereby authorize Northwest Christian School in the city of Phoenix, Arizona to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and health care necessitated by injury or illness while the above named child is attending an after school club. Such treatment is to be rendered to the minor under the general or special surgeon licensed to practice in the State of Arizona. I hereby waive and release NCS Clubs from any and all liability for injuries or illness incurred while at an after school club. I certify that I fully understand this authorization.

Parent Signature _____ **Date** _____

Insurance Company _____ **Policy Number** _____

Please contact Tyler Collins at 602-978-5134 (Ext. 131) or email tcollins@ncsaz.org for any questions.

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