SOUTHTOWNS CATHOLIC SCHOOL



INTERNATIONAL CLUB

Join us each month and have fun as we learn more about different countries, the people who live in them, and the way they live. Learning about different people and their way of life is one step toward building peace.

**International Club is open to students in Grades 3-6**.

We will meet twice per month on Tuesday afternoon from 2:45pm -3:45pm in the 8th Grade classroom, beginning Nov. 14.

**There is a membership fee of $15.00 per student, which is due with the registration form.** (The Membership Fee will help cover expenses for craft supplies, food ingredients, etc.)

**Checks should be made payable to Southtowns Catholic School.**

**November/.December meeting dates:** **Nov.14, 21 Dec. 5, 12**

(January-May dates will be announced at the last December meeting)

**Interested in joining?**

Please complete the attached registration / permission form and return to Mrs. Manley by Monday, November 13.



**SOUTHTOWNS CATHOLIC SCHOOL INTERNATIONAL CLUB PERMISSION FORM**

I give my permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Child’s Name and Grade)

to participate in the Southtowns Catholic School International Club, after school from 2:45pm-3:45pm .

I understand and accept the following

* I must notify the School Office each time that my child will be staying after school for a club meeting;
* If my child is not picked up by 4:00pm, he/she will be taken to the After School Program until a parent or guardian is able to pick him/her up;
* Listening, following directions, using resources appropriately, and treating one another with respect are requirements for all members of the International Club. Students who are not able to behave according to these requirements will be asked not to return.

Please answer the following questions:

1. Does your child have any health concerns/allergies that need to be accommodate?

If yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Emergency Contact Information

Mother Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NAME (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please enclose the $15 membership fee with this permission form and return to Mrs. Barb Manley by Monday, November 13.**

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