

# CHEROKEE “CHARACTER COUNTS!” CLUB

**Please return this form no later than Friday, September 19<sup>th</sup> to the Character Counts! box in the front office.**

**Our first meeting is Tuesday, October 6<sup>th</sup>, 2009.**

I \_\_\_\_\_, give my child \_\_\_\_\_, permission to attend the Cherokee Character Counts! Program. I understand that the children will meet on the FIRST and THIRD Tuesday of each month from 2:20pm to 3:30pm, and that I am responsible for picking my child up no later than 3:30pm.

**I am attaching a check made payable to Cherokee APT in the amount of \$45.00.**

Parent Signature: \_\_\_\_\_

## **PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Parent's Names: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have a health condition of which we should be aware?  
\_\_\_\_\_

Please list all phone numbers where each parent can be reached:  
\_\_\_\_\_  
\_\_\_\_\_

Email address(es): \_\_\_\_\_

If anyone is authorized to pick up your child, please identify that individual:  
\_\_\_\_\_

Would you be interested in helping with our program? We need both year-long volunteers and special event helpers. Please state below which type of volunteer you would like to be: \_\_\_\_\_  
\_\_\_\_\_