



ASCS

Eagle Spirit

Enrollment Form

Child Last Name _____ First Name _____

Address _____

City _____ St _____ Zip _____ E-mail _____

Birthdate ___/___/___ Grade _____ Phone (_____) _____

Please indicate the manner in which the student will participate:

_____ Spirit Buddies Exclusively (3pm to 4pm)

_____ Spirit Buddies from 3pm to 3:30, then Cheer from 3:30 to 4:15 (if choosing Cheer option, please attach a check for \$25 for fall semester enrollment; this covers from August thru December)

Permission to Participate

I, the parent or guardian of the registrant, agree that I and the registrant will abide by all rules in the All Saints Catholic School Family Handbook and will follow all rules and guidelines of the Eagle Spirit Club.

Signature _____ Date: _____

Please return this form to the school administrative office when complete-thank you!