

**St. Patrick SUCCEED Academy Registration Form
Clubhouse Program**

Name (s) of Child (ren)	Sex	Date of Birth	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address of Child (ren) _____

Mother/Guardian Name _____

Address _____ City _____ Zip _____

Father/Guardian Name _____

Address _____ City _____ Zip _____

Signature of Parent/Guardian _____

Date _____