After School Book Club Application Form

Norristown Page Turners, 2025-26

Student Name:

Address:
Email:
Phone:

Grade:	Birthday:	School:

Health information: (allergies, medications, etc)

Legal Guardian #1 Info

Name:
Address: (if different than above)
Email:
Phone:

Legal Guardian #2 Info

Name
Address (if different than above)
Email:
Phone:

Emergency Contact (if guardians are not available)

Name:	Relationship to student:
Phone Number:	

Persons other than guardian approved for pick up

Name:	Relationship to student:
Phone Number:	

Name:	Relationship to student:
Phone Number:	

How will your child get home?_____

Does your child have your permission to walk home? Yes No

Other information you'd like us to know:

Expectations and Agreements

Norristown Page Turners, 2025-26

Norristown Page Turners is dedicated to providing students with:

- A safe and welcoming space
- All the materials needed for the classes and workshops
- Encouragement and support
- Grade level activities, books and discussions

Students are expected to:

- Commit to regular and timely attendance. Space is limited and regular attendance is necessary to build the trust needed to share work and ideas.
- Be kind, open and respectful of each other. There will be no exceptions. Hateful speech of any kind will not be tolerated.
- Participate in all activities. This is a voluntary program. The enjoyment of each student will depend on the participation and support of all of the others.

Parents are expected to:

- Support their child in succeeding in the above
- Pick up and drop off child on time

I have read and agree to the Expectations and Agreements _____ (initials of guardian)

FIRST AID & EMERGENCY MEDICAL CARE CONSENT FORM

Norristown Page Turners, 2025-26

Child's Name:

Date of Birth:

- I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.
- However, if I cannot be reached, I hereby authorize the Norristown Page Turners to contact emergency medical personnel to transport my child to the nearest medical care facility.

Child's Physician Name:

Address:

Phone Number:

Child's Allergies:

Chronic Health Conditions:

Individual Health Plan for children with a chronic health condition? Y/N
If yes, please attach.

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? Y/N
If yes, please attach. Copies of documentation are required.

Special limitations or concerns?

Liability Waiver

Norristown Page Turners, 2025-26

Each person, and their guardian if under 18, participating in the Norristown Page Turners Projects is deemed to have waived all claims against Norristown Page Turners and its employees and agents for injury, accident, illness or death occurring during or by reason of participation in this program.

I have read and understand the above statements and agree to assume the responsibility and waive all claims.

I have also clearly indicated ALL pertinent medical diagnoses, physical/medical limitations and corresponding medications on the Norristown Page Turners' program application form.

Student Name: _____

Parent/Guardian Name (printed) _____

Parent/Guardian Signature (agreeing to above) _____

Date: _____

Photo Waiver

Norristown Page Turners, 2025-26

I give Norristown Page Turners permission to use my photo for marketing purposes on their website, social media pages and printed marketing materials.

Student Name: _____

Student Signature: _____

I give Norristown Page Turners permission to use my child's photo for marketing purposes on their website, social media pages and printed marketing materials.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature (agreeing to above) _____

Date: _____