



Renaissance Academy

CHARTER SCHOOL

Building Lifelong Learners

With my signature below, I confirm that I have read and understand the Club RA procedures, expectations, and fee schedule provided above.

Sign Parent / Guardian Name _____ Date _____

Print Parent / Guardian Name _____

Child(ren) Name(s) and Grade(s) _____

Do you plan to use Club RA on a consistent schedule? If so, please fill out the grid below to indicate when you will use Club RA. Feel free to include any other information in the space below.

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>