



BROWN INTERNATIONAL ACADEMY CLUBS REGISTRATION FORM

Thank you for your interest in participating in a Brown Voyages Enrichment Program.

Please complete this form and return to the club vendor directly.

Note: Some vendors require registration through their website and do not require or accept this form.

Please contact the vendor directly for specific registration information.

Name of Club:

Student Information

First

Last

Grade Level: ECE

Homeroom Teacher:

Before/After School Care

Does this student walk home? Yes No

Does this student attend Kaleidoscope? Yes, before school Yes, after school No

If yes, what days: Before School

After School

Parent/Guardian Contact Information

Parent Name:

Parent Phone: Primary -

Secondary -

Parent Email:

Emergency Information

Emergency Contact Name:

Emergency Contact Phone:

Does this student have any medical issues that club staff should be aware of? Yes No

If yes, please describe:

Payment Information

Payment Type: Online Payment Credit Card Check

Check Payment:

Check Number:

Delivered via:

Credit Card Payment:

Credit Card Type: Visa Mastercard American Express

Name on Card:

Billing Address:

Credit Card Number:

Security Code:

Exp Date:

Electronic Signature:

I authorize my card to be charged \$ _____ for registration for this club