



# ACTIVITIES, CLASSES OR CAMPS FORM



If your child will be attending an activity/class/camp (such as basketball, art class, soccer, gymnastics, art class etc.) during Kids Play/Club Knights, please fill out this form. Use a separate form for each child.

Child's First & Last Name \_\_\_\_\_ Grade 2024-25 \_\_\_\_\_

> Name of class/activity: \_\_\_\_\_ Dates: \_\_\_\_\_

- Time: Leaving at \_\_\_\_\_ returning at \_\_\_\_\_ Will not return \_\_\_\_\_
- Will your child: \_\_\_\_\_ Walk \_\_\_\_\_ Be picked up \_\_\_\_\_ Bussed (We do not provide bussing/transportation)

If your child is being picked up for an activity provide name of person doing so: \_\_\_\_\_

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**Parent Signature** \_\_\_\_\_

*Return to Kids Play/Club Knights,  
email to LisaB@mystma.org, fax 763-497-6562 or  
mail to 60 Central Ave W, St. Michael, Mn 55376*



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