

ANIME CLUB



**Watch some of
your favorite Anime
shows with friends
and debrief
afterwards**

**Reenact some of
your favorite
scenes through
Cosplay**



**Tuesdays 2-3pm
Ms. Brett's Room (204)**



Anime Club Registration Form **Tuesdays, 2-3pm; starts 9/25**



**To sign up please complete this form and return it to Ms. Allmond
in the Main Office by Tuesday, 9/25.**

Name: _____ Grade/Class: _____ Age: _____

Address: _____ Home Number: _____

Parent/Guardian Name: _____

Cell Number: _____ Work Number: _____

E-Mail Address: _____



Emergency Contact #1: _____

Phone Number: _____ Relationship: _____

Emergency Contact#2: _____

Phone Number: _____ Relationship: _____

By signing below, I understand the program that I am registering my child for. I give permission for my child to watch Anime programs that are school appropriate and voted on by the group. I give permission for my child to travel to and from any events related to this program that may come up throughout the year by a bus/van driven by an NFCS staff member OR by public transportation (SEPTA) while being chaperoned by a NFCS staff member. I also understand that it is my child's responsibility to arrange for transportation at the end of the program home from New Foundations Charter School.

Signature _____ Date _____

New Foundations Charter School
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