

ONE REGISTRATION FORM PER STUDENT
AND PER CLUB! DO NOT COMBINE CHECKS!



ENRICHMENT REGISTRATION FORM

This form must be completed each month and returned to school with payment attached. Checks will only be accepted. Please complete one registration form and attach one check for each enrichment. Do not combine enrichment programs.

Month Registering for: OCTOBER 2017 Enrichment: _____

Student Information:

Student Name: _____

Teacher: _____ Grade: _____ Age: _____

Is the Student in After Care? _____ yes _____ no

Parent/Guardian Information:

First Name: _____ Last Name: _____

Email: _____ Phone Number: _____

Emergency Contact Name: (other than listen above)

First Name: _____ Last Name: _____

Relationship to Student: _____ Phone Number: _____

Additional Information

Allergies or pertinent information regarding student: _____

Enrichment programs are non-refundable, except for hospitalization or the cancellation of a program. Parents must enter the office to pick up students at their enrichment dismissal time. Students must be picked up promptly. Students who are not picked up on time will be charged a late pick-up fee.

I have read the program procedures and agree to the guidelines above.

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Payment: Check # _____ (Checks only) Amount Paid: _____ Received by: _____