



## Enrichment Registration Form

This form must be completed **each month** and returned to school with payment attached. Please follow payment guidelines in the parent handbook.

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

### *Family Information-Parent/Guardian*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is the student in After Care? \_\_\_ yes \_\_\_ no

Enrichment(s) Registering for:

Month: \_\_\_\_\_

Enrichment Course: \_\_\_\_\_ Teacher: \_\_\_\_\_ Day of Week \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Enrichment Course: \_\_\_\_\_ Teacher: \_\_\_\_\_ Day of Week \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Enrichment Course: \_\_\_\_\_ Teacher: \_\_\_\_\_ Day of Week \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Allergies or pertinent information regarding student: \_\_\_\_\_

\*Enrichment programs are non-refundable, except for hospitalization or the cancellation of a program. I have read Enrichment program letter and understanding the process.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Office use only.**

Pmt. Cash \_\_\_ or Check \_\_\_ Check # \_\_\_\_\_ Amt. Entered: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_