



Enrichment Registration Form

This form must be completed **each month** and returned to school with payment attached. Please complete only **one** registration form and attach **one** check for each enrichment.

Month Registering for: _____

Enrichment: _____ Day: _____ Price \$ _____

Student Name: Last _____ First _____

Homeroom Teacher: _____ Grade: _____ Age: _____

Family Information-Parent/Guardian

Last Name: _____ First Name: _____

Email: _____ Phone Number: _____

Emergency Contact Name (other than listed above): _____

Relationship to Student: _____ Phone Number: _____

Is the student in After Care? _____ yes _____ no

Allergies or pertinent information regarding student: _____

*Enrichment programs are non-refundable, except for hospitalization or the cancellation of a program. Parents must enter the multipurpose room to pick up students with their dismissal car pass. Students must be picked up promptly at the end of the enrichment. Students who are not picked up on time will be assessed a late pick-up fee. I have read the program procedures and agree to the above guidelines.

Parent/Guardian Signature: _____ Date: _____

Teacher use only.

Payment : Cash _____ Check # _____ Amount. Paid: \$ _____

Received by: _____ Date: _____