



Enrichment Registration Form 19-20

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

Enrichment Month Registering for: _____

Enrichment Class Name: _____ Day of the Week: _____ 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 accessed a late pick-up fee as per the parent handbook. I have read the program procedures and agree to the above guidelines.

Parent/Guardian Signature: _____ **Date:** _____

Enrichment Payment Due Dates;

September Payments Due on... **Tuesday, September, 10th

October Payments Due on...	Tuesday, September 24 th
November Payments Due on...	Tuesday, October 29 th
December Payments Due on...	Tuesday, November 26 th
January Payments Due on...	Tuesday, December 17 th
February Payments Due on...	Tuesday, January 28 th
March Payments Due on...	Tuesday, February 25 th
April Payments Due on...	Tuesday, March 31 st
May Payments Due on...	Tuesday, April 28 th

Teacher/School Use Only

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

Received by: _____ Date: _____