



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: _____

Office use only.

Pmt. Cash ___ or Check ___ Check # _____ Amt. Entered: _____

Received by: _____ Date: _____