

Enrichment Programs Registration—Winter/Spring 2018

Child's Name _____

Age _____ Teacher's Name _____ a.m. / p.m.

CARPOOL NUMBER _____

Parent/Guardian Name _____

Street Address _____

City, State & Zip _____

Tel (H) _____ Tel (Cell) _____

Email _____

Emergency contact name and number(s) _____

List any allergies or special needs _____

List Classes

1. _____

2. _____

3. _____

4. _____

5. _____

Total amount enclosed: \$ _____ Check # _____ Date _____