

# PTA After School Enrichment: Fall 2008

## Student Registration Form

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

Boy /  Girl (check box) Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ Home phone \_\_\_\_\_

E-mail (parent) \_\_\_\_\_ [e-mail is checked on a *regular basis* (most days): Yes / No]

**Provide any information** you wish to share about your child that will help guide us ensure a safe and educational experience: (allergies, special educational or behavioral needs) \_\_\_\_\_

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**Parent/Guardian #1** (name) \_\_\_\_\_ **Parent/Guardian #2** (name) \_\_\_\_\_

#1 Day phone: \_\_\_\_\_ #2 Day phone \_\_\_\_\_

#1 Cell phone: \_\_\_\_\_ #2 Cell phone \_\_\_\_\_

**Emergency Contact** (*other* than parent/guardian) \_\_\_\_\_ Relationship \_\_\_\_\_  
 (We **must** have one emergency name & phone number in order for your child to attend)

Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Following the program** \_\_\_\_\_ will pick up & *sign out* my child.  
 (name of parent/guardian/authorized person(s))

- OR:**  My child has permission to exit building unescorted (to walk home or wait outside for pick-up)  
 My child will return unescorted to the Recreation Dept. after-school daycare program in cafeteria

**Registration deadline is Friday, October 10.** Priority will be given to students recommended by school staff. Otherwise classes are filled on a first-come, first served basis. A class proctor's child may attend that class free *in exchange for fulfillment of duties.*  I am interested in being a proctor (write "proctor" under class fee below)

Class Title	Day	Full Tuition Cost	Full Materials (if any)	Amount You Will Pay (Full Price or Reduced Fees-- see Page 5 for details)
1. _____	_____	\$ _____	\$ _____	+\$ _____
2. _____	_____	\$ _____	\$ _____	+\$ _____
3. _____	_____	\$ _____	\$ _____	+\$ _____
Alternate: _____	_____	\$ _____	\$ _____	+\$ _____

**Subtotal:** =\$ \_\_\_\_\_

Optional **DONATION** to help support our programming: +\$ \_\_\_\_\_

**Total:** = \$ \_\_\_\_\_

**Please send payment with this form.** You will receive a **confirmation and bill** for any balance owed on the classes. If a class is full, we will contact you. We must receive payment before your child may attend class.

I have completed the above and signed the Parent/Student Contract (see back of this sheet). I agree to pay full tuition OR a reduced tuition for the classes and give permission for my child to participate in this program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

(Sign contract on reverse)