

Enrichment Program Registration Form

Please hand in this form with a check to your child's teacher by 1/30.

Each form should have a check attached to it, for the cost of the first choice. Please only one form per child. Checks should be made out to the **Hamagrael PTA.**

Student Name: _____

Parent Name: _____

*Email: _____

Phone: (home) _____ Phone: (work) _____

Phone: (cell) _____ Grade/Teacher _____

Emergency Contact _____ Phone: _____

My child has the following allergies:

Special request: if your child will only take a class with a sibling or friend, please let us know.

CLASS SELECTION (First come, first served):

1st choice: _____ Fee: _____ (include this class fee)

2nd choice: _____ Fee: _____

Do you want both 1st & 2nd choice, if available yes _____ no _____

If yes, please send separate check for each class

If your child doesn't get into the choice he/she wants, we will destroy the check.

STUDENT PICK-UP INFORMATION

- My child will be picked up at the end of class by _____
(If any other person is picking up your child, you must write a note to the School Office)
- My child is already enrolled in School's Out and will report there.
- My child has permission to walk home.

VOLUNTEER.....Together we can make this program a success! (Descriptions on front page)

Weekly Room Parent - Preferred date(s) _____

Volunteer Coordinator (this job is done from home)

Room Parent for all classes for Free Tuition!

I give permission to my child to participate in this class and have read and agreed to the guidelines on the front page.

Signature _____

* Email is important!
Please give a legible email address for all correspondence regarding the program including requests for volunteering, cancellations and other notices.