

**REGISTRATION FORM**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address (please write legibly): \_\_\_\_\_

	1st Choice Class	2nd Choice Class	
Monday			<b>Child Dismissal:</b> (Choose all that apply.)  _____ Walk/bike home  _____ Parent pick-up  _____ Crew Club
Tuesday			
Wednesday			
Thursday			
Friday			

*There are no refunds for Community School classes.*

LATE PICK UP FEE: Parents who do not promptly pick up their child at the end of their scheduled class time will be charged a \$1.00 late pick up fee for every minute they are late. This fee doubles to \$2.00 per minute beginning with the second occurrence.

Authorized person(s) able to pick-up:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
  
Other info you would like us to be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

Guardian Signature: \_\_\_\_\_

For Office use only: Payment due: \$ _____ Paid by: Check Cash Provisional
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