



Enrichment Classes Enrollment Fall Session

INCOMPLETE FORMS WILL NOT BE ACCEPTED.

Youth First Name _____ Phone _____

School _____ Grade _____

Emergency Contact Name: _____ Relationship: _____ Phone _____

Payment Options: \$25 per class per session. Full payment is due by the first class.

- Option 1: CCAP (All families must apply within 30 days of registering.) **Fees apply until CCCAP approval is received.**
- Option 2: Private Pay (For families who don't qualify for CCAP)

Club sign up Circle: **Monday Cooking Club** **Tuesday Chess Club**

 Wednesday Lego Club **Thursday Biking Club**

Class expectations

Be on time 4:30 to 5:30 Optional snack time: 4:10pm
Pick up your student on time
Commitment to entire session
Quality behavior expected

I understand the expectations. My child and I will uphold expectations. I will ensure truthful, accurate, and current information is on file for my child.

Parent/GuardianName(s):

Parent/Guardian Signature:

Food Allergies: _____

Notes: _____
