

Smith School Registration for Spring Enrichment

Please Print in all Fields

Name of student: _____

Parent's email address: _____

Grade: K 1 2 3 4

Course Name: _____

Course Name: _____

Course Name: _____

Total Amount Enclosed: _____

**Please make checks payable to the Smith School PTA

Contact Information During Enrichment Class:

Please Print

Name

Phone Number

Name

Phone Number

Who will pick your child up at the end of each session?

* Children will only be released to those named on this list unless prior notification has been given

* Sessions end promptly at 4:30 unless otherwise noted

Or _____ my child will return to Aftercare. (please initial if this is the case)

Please initial to indicate you have read the following statements.

The children will report to the assigned location of each course at dismissal. During the time they wait for the course to begin they may enjoy a snack. Please remember the snack must follow the Peanut/Tree Nut Free policy of our school. _____

Since these enrichment activities are taking place after the school day. There will not be any access to the school nurse. Should a need arise, parents will be notified immediately with the contact number they provided. _____