

Enrichment Activities Registration Form

Child's Name: _____

Grade: _____ Teacher: _____

Parent/Guardian: _____

Address: _____

E-Mail: _____ Cell Phone: _____

Class/Classes child is registering for:

Monday: _____

Tuesday: _____

Wednesday: _____

Friday: _____

Total amount of \$ enclosed: _____ (\$160 per 8 weeks)

Please make checks payable to ATB/Carver

Please let us know how your child will be getting home

My child will be picked up by _____ who can be reached _____
name phone

Please put the days your child will be attending in PICK UP PATROL

Parent/Guardian Signature

Date

Does your child have allergies?

No _____ **If yes, please explain:**

Yes _____