

# Spring 2019 Enrichment Registration Form

Registration  
Deadline is  
April 11<sup>th</sup>!

An enrollment confirmation will be emailed to you. Please note that the email address you provide will be shared when confirmations are sent. If an activity reaches its maximum capacity, enrollment will be decided on a **first-come, first-serve basis**. If an activity is under enrolled, a refund will be issued in these circumstances. Payment is non-refundable due to the student's absences, vacations, and/or illness.

Student's Name: \_\_\_\_\_ Student's Teacher & Grade: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Is your child enrolled in Aftercare? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your child is not enrolled in Aftercare, your child is authorized to be picked up by: \_\_\_\_\_

If your child is enrolled in a class, are you willing to aid in the classroom one time per Spring Session? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Important:** Any changes in transportation or pickup must be submitted to the main office.

**All after school enrichment activities require the assistance of one C.A.S.E.-trained parent volunteer to assist the instructor. No previous experience or special training, beyond C.A.S.E. training, is required. Our enrichment programs depend on parent volunteers. Thank you in advance for your help!**

Class	Grades	Day	Dates	Weeks	Cost
<input type="checkbox"/> Tennis	Grades 3-5	Wednesdays	4/24 – 6/5	6 weeks	\$69
<input type="checkbox"/> Tennis	Grades K-2	Thursdays	4/25 – 5/30	6 weeks	\$69
<input type="checkbox"/> Yoga	Grades K-5	Fridays	4/26 – 6/7	6 weeks	\$60
<input type="checkbox"/> Build A Bot	Grades 2-5	Thursdays	4/25 – 5/30	6 weeks	\$125
<input type="checkbox"/> Spanish	Grades K-5	Tuesdays	4/30 – 6/4	6 weeks	\$60
Total: \$					_____

I give permission for \_\_\_\_\_ to participate in the St. Louis Enrichment Programs. I understand that there will not be a school nurse available after school. We require that a parent of each student with relevant medical information (allergies or physical conditions) see the St. Louis Nurse to sign a HIPPA release at the time of Enrichment Program registration. I will pick up my child promptly at the end of each meeting or make arrangements as indicated above. I, as parent or guardian of the minor, do hereby, for my son/daughter, myself, my heirs, executors and administration, remise, release and forever discharge the St. Louis School/Parish, employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify that I am the parent/legal guardian of said minor, and I do hereby certify that to the best of my knowledge and belief said minor is in good health with medical conditions/limitations, allergies and medication reactions. I hereby certify that I will contact the activity leader in the event of a change in my child's medical condition. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I have read and agree to abide by the St. Louis School Program Policies.

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_