

AFTER SCHOOL ENRICHMENT PROGRAM REGISTRATION FORM

**** PLEASE REFER TO REGISTRATION PROCEDURES ****

Student Name _____ Phone _____
Address _____ Zip _____
Teacher _____ Grade _____ Room No. _____
Parent's or Guardian's Name(s) _____ Email _____

Refer to catalog for the following information:

Course Title and Session _____
Time & Day of week offered _____
Class Fee _____ (Please make checks payable to "Barrington PTO")
Your child will be dismissed to whom _____

"I hereby give permission for my child to participate in the After School Enrichment course named above. I hereby absolve the sponsoring organization, sponsors and teachers of any liability in the event of injury. I have the permission of our family physician for my child to participate."

____ Please check here if you do not want your child photographed during ASE sessions. (Photos are used solely for the purpose of promoting ASE courses within the Barrington community.)

Signature of parent or guardian _____
Emergency phone numbers (during class) _____ (Cell) _____

Is there anything the instructor or Course Contact should know about your child in relation to their participation in this class (food allergies, special needs, etc)? _____

PARENT VOLUNTEERS:

____ Please check here if you can assist on one or more days. Date/time available _____

____ Please check here if you are willing to stay for a moment at the beginning of each class just until certain that the instructor is present. If you take your child to class, this would be a very simple way to help keep our kids safe, since committee members cannot be present at every class.

Discipline Policy: When parents are informed of the second warning from the instructor concerning inappropriate behavior, a child will not be allowed to return to class. Class fees will not be refunded under these circumstances. Thank you for your help and support.

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