



## Fall 2018 Teacher Workshop Registration Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I would like to register my child for the following days:

- Friday October 5  
 Tuesday November 6

### Please Initial the following:

\_\_\_\_\_ I understand that registration is on a first come, first serve basis. If a day I wish to register for is full, I will be placed on a wait list and updated if there is any enrollment movement. Confirmation will be sent via email, confirming either enrollment or placement on the waitlist

\_\_\_\_\_ I understand I am responsible for payment of my child's registered Teacher Workshop days, whether my child attends or not.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

### If your child is not **currently** enrolled in Before/After School Programming:

Parent's Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Please attach the following forms to this registration form:

- Child Emergency Contact Form
- Health Form
- Photo Permission & Locked Door Notification Form

- Please check here if you would like more information regarding our Before & After School Programming
- Please check here if you would like to be added to our School Age Programming email list – where you will get information of Teacher Workshop and School Vacation programming 'hot off the press'

### FOR OFFICE USE ONLY

Date Reg. form received: \_\_\_\_\_

Paperwork Needed: Door/Photo Permission Health Form Emerg. Contact Form

Paperwork sent via email on \_\_\_\_\_ Paperwork received from family on \_\_\_\_\_ via E F M