

AFTER SCHOOL ENRICHMENT - 2007 REGISTRATION FORM

REGISTRATION REMINDERS

Please print clearly.
Complete one sheet for each student.
List class choices below in order of preference.
SEND NO MONEY NOW. (Early payments will be returned unprocessed.)
Indicate food allergies or other special snack considerations below
Sign up now - completed forms must be turned in by Friday, January 19, 2007.

Office Use Only

STUDENT INFORMATION

Name _____
Phone # Home: _____ Work/Cell: _____
Grade/Room # _____ E-mail Address: _____

CLASS CHOICES (PLEASE RANK WITH MOST DESIRED CLASS BEING 1ST CHOICE)

	Class Name	Class Code	Can You Assist?
1st Choice	_____	_____	_____
2nd Choice	_____	_____	_____
3rd Choice	_____	_____	_____
4th Choice	_____	_____	_____
5th Choice	_____	_____	_____
6th Choice	_____	_____	_____
7th Choice	_____	_____	_____
8th Choice	_____	_____	_____
9th Choice	_____	_____	_____
10th Choice	_____	_____	_____

Other ways in which you can help: _____

SNACKS (PLEASE CHECK ONE)

- My child may have whatever snack is offered through the program.
- My child has food allergies or requires other special snack considerations. Please specify:

PARENT SIGNATURE
