

**TASSAJARA HILLS AFTER SCHOOL ENRICHMENT PROGRAM
ENROLLMENT FORM**

*** Please fill out one form per child ***

Student's Name: _____ Grade: ____ Teacher: _____

Parent's Name: _____ Address: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____

Does your child attend The Growing Room: Y/N Days: _____

Emergency Contacts: (Please list 2)

Name: _____ Phone: _____

Name: _____ Phone: _____

1. Class Title: _____ Day of Week: ____ Time: ____ Cost:* _____

2. Class Title: _____ Day of Week: ____ Time: ____ Cost:* _____

3. Class Title: _____ Day of Week: ____ Time: ____ Cost:* _____

4. Class Title: _____ Day of Week: ____ Time: ____ Cost:* _____

*** Please write a separate check for each class. All checks made payable to:**

Tassajara Hills Elementary

We will contact you if your child does not get into a class.

It is the parent's responsibility to coordinate with The Growing Room.

I have read and understand the information contained in this registration packet.

Parent Signature: