

**Herod PTO After-School Enrichment Program
FALL 2015 Registration Form**

_____/_____/_____
Student Name Homeroom Teacher Grade

_____/_____/_____
Parent/Legal Guardian's Name(s) Home Phone Cell Phone

Billing Address
_____/_____/_____
City State Zip code E-mail: _____
(Print Clearly)

<i>Enrichment Classes</i>						
Name of Class	Time	Day	Tuition	Supply Fee	Total	
1. _____	_____	_____	_____	_____	_____	
2. _____	_____	_____	_____	_____	_____	
3. _____	_____	_____	_____	_____	_____	
4. _____	_____	_____	_____	_____	_____	
5. _____	_____	_____	_____	_____	_____	
6. _____	_____	_____	_____	_____	_____	
7. _____	_____	_____	_____	_____	_____	

Total for Classes including fees \$ _____
Registration \$25.00 _____
Total Due to Herod PTO \$ _____
(REGISTRATION, TUITION, & FEES)

Parent Signature _____ Printed Name _____ Date _____

*If you are using our Installment Payment Plan,
Second Installment Payments Due **Friday, October 2, 2015***

<u>For Office Use Only</u>				
		Amount	Type of Payment	Balance
Payment #1	Registration	_____	_____	_____
Payment #2	by October 2nd	_____	_____	_____

**Make Checks Payable to Herod PTO
Please Complete Back of Form!**

