Herod PTO After-School Enrichment Program FALL 2015 Registration Form

Student Name			Home	Homeroom Teacher	
Parent/Legal Gua	ardian's Name(s)			Home Phone	Cell Phone
Billing Address					
 City	/	/ Zip code	E-mail:	(Print Clearly)	
		Enrich	hment Classes		
Name of Class			Day Tuition	Supply Fee	Total
1					
2.					
3.					
4					
5					
6					
7					
			Total for Clas	sses including fees	\$
			Registration		\$25.00
			Total Due to 1 (REGISTRATIO	Herod PTO N, TUITION, &FEES)	\$
Parent Signature_		P	rinted Name		Date
Secono	• •	_	· Installment Pa nts Due Fri	ayment Plan, E day, October	r 2, 2015
For Office Use Only		Amount	Турс	e of Payment	Balance
Payment #1	Registration				
Payment #2	by October 2nd				

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

Herod PTO After-School Enrichment Program Emergency Form FALL 2015

Student's Name	Homeroom Teacher	Grade		
Father's Name	Mother's Nan	Jame		
Father's Home #	Father's Work #	Father's Cell #		
Mother's Home #	Mother's Work #	Mother's Cell #		
E-mail				
Is your child enrolled in the E	Extended-Day (After-Care) Program?			
Will he/she travel home by hi	m/herself?	-		
Individuals Authorized to	o pick up my child (<i>other than P</i>	arents/Guardian):		
Name	Work Phone #	Cell Phone #		
Name	Work Phone #	Cell Phone #		
Medical Emergency Info	<u>rmation</u>			
Any Medical Condition		Blood Type if K	 Known	
Name of Family Physician Ad	dress	Phone #		
because of the nature After-School Enrichm responsible for any in	reasonable precautions and treat the of some of the classes, a few bumps, ent Program, class teachers, Herod jury occurring as a result of regular my child to participate in the classes	and tumbles can be expecte Elementary School and HI class participation.	ed. Herod PTO SD are not	
Parent or Legal Guar	dian's Signature	Date		