



# After School Enrichment Program Participant Registration Form

## Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

## Emergency Contact Information (other than parent)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## PROGRAM REGISTRATION

Start Date: \_\_\_\_\_ Duration of Session (1hr or 2 hr): \_\_\_\_\_

Registration fee: \_\_\_\_\_ Paid on: \_\_\_\_\_ Via: \_\_\_\_\_  
Amount Date cash/check/charge

The After School Enrichment Program is a service program based on confirmed enrollments and payments. A full payment must be received prior to the first session. Registration for the program will be accepted on a first come, first serve basis. I understand that my payment will hold reservation for sessions. Each 6-week group will have a limited number of participant spaces available. A refund will only be issued if requested prior to the start of the program or if the program is canceled due to unforeseen circumstances. If there are any returned checks or charges, there will be an additional \$25 fee.

**Parent/Guardian – signature indicates compliance with payment regulations.**

Parent/Guardian Name(s): \_\_\_\_\_  
*Please Print*

Parent/Guardian Signature(s): \_\_\_\_\_