**Registration Form**

Directions: You may use or adapt this form for your own program.

Insert your own letterhead, if you wish.

**Student Information:**

Student’s Name

Grade Date of Birth

Homeroom Teacher

Mailing Address

City State Zip Code

Home Phone

Primary Language(s) Spoken at Home

**Parent/Guardian Information:**

Mother/Guardian Name

Home Phone Work Phone

Cell E-mail

**Please circle the best way to contact above.**

Mailing Address

City State Zip Code

Father/Other Guardian Name

Home Phone Work Phone

Cell E-mail

**Please circle the best way to contact above.**

Mailing Address

City State Zip Code

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Listed below are classes offered for this session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[insert dates].

Classes may be canceled due to low enrollment or a change in teacher availability. Students will select classes on the first day they attend [Program Name].

[List the dates that the program is offered. For example, “Most classes are offered Monday/Wednesday or Tuesday/Thursday.”]

MONDAY/WEDNESDAY TUESDAY/THURSDAY

Homework Help (Required) Homework Help (Required)

Claymation Acting

Cooking Cooking

Improv Gymnastics

Karaoke Journalism/Creative Writing

Magic Recreation/Fun and Games

Outdoor Adventures Tae Kwon Do

Is your student a returning [Program Name] student?  Yes  No

Number of children in program: \_\_\_\_\_  Two-day program OR  Four-day program

[If Program requires a fee, list fee information here:] Tuition is due by the start of session. Makes checks payable to [insert name of program or school district].

Which days of the week will your child(ren) attend?

How will your child get home from the program?

 Bus  Walk  Will pick up  Other (describe)

If bus, list afternoon bus stop: [Example: Elm & Oak]

Signature of Parent or Guardian Date

Please let us know if your child has any physical limitations and/or food allergies.

Please complete form and return to: Anytown Afterschool Program

415 Roger St.

Anytown, US 12345