

Central Intermediate School- Pre-Registration Form
Academic Enrichment and Remediation Program Enrollment 2015-2016

Please print legibly and fill out this form completely.

Date: _____

Student: _____ School: _____ Teacher: _____

Known allergies or dietary restrictions: _____

Age: _____ DOB: _____ Grade: _____ Male or Female: _____

Address: _____

Mother's Name: _____ Home Phone: _____

Mother's Work #: _____ Mother's Cell #: _____

Father's Name: _____

Father's Work #: _____ Father's Cell #: _____

Emergency Contact: _____ Phone #: _____

List all persons authorized to pick up your child:

Names:	Telephone Number:
_____	_____
_____	_____
_____	_____
_____	_____

Students **must be** picked up **by 5:30 p.m.** *After 5:30, there will be a \$1.00 per minute charge.

***Registration Fee: \$35.00 Non-Refundable** Paid: _____ (office use only)
Cost per week \$50.00 (before and after/after only)
Cost per week \$30.00 (mornings only)

Weekly cost is \$50 per student. No discounts are given.

Place a check by the correct option: _____ Before school only _____ After school only _____ Before and after school

My signature on this application indicates that I intend to complete the registration for my child/children to attend the Central Intermediate Academic Enrichment Program in August 2015.

Parent or Legal Guardian Signature: _____

- **Registration Fee and first weekly fee must be paid by Tuesday, August 11, 2015 to secure your spot in the program. Money will be accepted in the school office starting Monday, August 3, 2015.**