

**Central Intermediate School-Registration Form**  
**Academic Enrichment and Remediation Program Enrollment 2017-2018**

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 #: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

List all persons authorized to pick up your child:

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

Are there medical/behavioral conditions that we need to be aware of? Yes or No

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I am aware that I must send a note or email Ms. Willis when my child will not be in enrichment in the PM.

\_\_\_\_\_ I am aware that I must give a two week notice before stopping enrichment.

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 2016.*

Parent or Legal Guardian Signature: \_\_\_\_\_

- **Registration Fee and first weekly fee must be paid by Monday, August 14, 2017 to secure your spot in the program. Money will be accepted in the school office starting Tuesday, August 1, 2017.**