

JACOBY CREEK AFTER SCHOOL ENRICHMENT PROGRAM

SESSION III 2011-2012

January 23- March 30 (8 weeks)

DEADLINE -1/13/2012

Student _____ Teacher _____ Phone _____

Health info/Allergies _____

Parent _____ Work Phone _____

EMAIL _____

Other Emergency Contact _____ Phone _____

****Information for where my child will go following class** circle**
(bus, walk, Activity Center, parent pick up for each day)

	<u>Class requested</u>	<u>Day/Time</u>	<u>Alternate Class</u>	<u>After Class</u>
			<u>Day/Time</u>	

Example

E.	<u>Chess</u>	<u>TU 2:15</u>	<u>Nature Fun TU 2:15</u>	<u>BUS</u>
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1.	_____	_____	_____	_____
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2.	_____	_____	_____	_____
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Additional classes:

1.	_____	_____	_____	_____
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2.	_____	_____	_____	_____
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3.	_____	_____	_____	_____
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4.	_____	_____	_____	_____
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Parent's Signature _____ Date _____

___ Classes @ \$50 donation per class (45 min.-60 min.) _____

___ Classes @ \$30 donation per class (30 min.or special) _____

Supply fees _____

Total supply fees _____ Donation for classes _____

FOR OFFICE USE ONLY

Cash _____ Check# _____ \$ _____

Material fees _____ Class Donation _____ Balance _____