

**WEEKENDS ENRICHING BRAINTREE & BEYOND**

**REGISTRATION FORM**

*Winter 2010*

**Please Select Class:**

- |  |  |
|--|--|
| <input type="checkbox"/> Art Exploration I: Ages 5-7 (\$120)         | <input type="checkbox"/> Fractured Fairy Tale Theater: Ages 9-11 (\$120) |
| <input type="checkbox"/> Art Exploration II: Ages 8-10 (\$120)       | <input type="checkbox"/> Musical Expression: Ages 7-10 (\$100)           |
| <input type="checkbox"/> Intro to Drawing I: Ages 8-10 (\$120)       | <input type="checkbox"/> Journey into Music: Ages 4-6 (\$100)            |
| <input type="checkbox"/> Intro to Drawing II: Ages 11-14 (\$120)     | <input type="checkbox"/> Intro to Songwriting: Ages 11-16 (\$150)        |
| <input type="checkbox"/> Explorations in Clay I: Ages 7-10 (\$150)   | <input type="checkbox"/> Group Guitar: Ages 8+ (\$150)                   |
| <input type="checkbox"/> Explorations in Clay II: Ages 11-14 (\$150) | <input type="checkbox"/> French for Middle School: Ages 11-14 (\$100)    |
| <input type="checkbox"/> Cooking with Kids I: Ages 5-8 (\$130)       | <input type="checkbox"/> French for Early Learners: Ages 4-6 (\$100)     |
| <input type="checkbox"/> Cooking with Kids II: Ages 9-14 (\$130)     | <input type="checkbox"/> Fit4Kids Yoga: All Ages (\$75)                  |
| <input type="checkbox"/> Theater Exploration: Ages 5-8 (\$120)       | <input type="checkbox"/> Fit4Kids Get Movin': All Ages (\$75)            |

**Cancellation Policy:**

Classes cancelled before the registration deadline will be subject to a 20% cancellation fee. No cancellations will be allowed after the registration deadline.

**Emergency Card Information**

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent's Cell #1 \_\_\_\_\_

Parent's Cell #2 \_\_\_\_\_

**Instructions to reach Parent/Guardian at Work**

1. \_\_\_\_\_

(Name, address, phone #)

2. \_\_\_\_\_

(Name, address, phone #)

**Emergency Contact Person(s)**

1. \_\_\_\_\_

(Name, address, phone #)

2. \_\_\_\_\_

(Name, address, phone #)

**Medical Emergency Treatment**

I hereby give Braintree After School Enrichment permission to administer basic first aid and/or CPR to my child, \_\_\_\_\_, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

**Is your child on any medication, including an inhaler:** \_\_\_\_\_

**Please list any allergy/condition your child has:** \_\_\_\_\_

By signing this form I am acknowledging that all this information is current and up to date at this time.

Date: \_\_\_\_\_

(Parent/guardian Signature)

**Payment Method:**

- Credit Card
- Personal Check
- Cash