

**WEEKENDS ENRICHING BRAINTREE & BEYOND
REGISTRATION FORM**

Please Select Class:

- | | |
|--|---|
| <input type="checkbox"/> Art Exploration: Ages 5-7 (\$110) | <input type="checkbox"/> Journey into Music: Ages 4-6 (\$100) |
| <input type="checkbox"/> Mixed Media: Ages 8-10 (\$110) | <input type="checkbox"/> Intro to Songwriting: Ages 11-16 (\$150) |
| <input type="checkbox"/> Intro to Drawing: Ages 8-10 (\$110) | <input type="checkbox"/> Group Guitar: Ages 8+ (\$150) |
| <input type="checkbox"/> Intro to Drawing: 11-14 (\$110) | <input type="checkbox"/> French for Middle School: Ages 11-14 (\$100) |
| <input type="checkbox"/> Theater Exploration: Ages 5-8 (\$120) | <input type="checkbox"/> French for Early Learners: Ages 4-6 (\$100) |
| <input type="checkbox"/> Fractured Fairy Tale Theater: Ages 9-11 (\$120) | |
| <input type="checkbox"/> Musical Expression: Ages 7-10 (\$100) | |

Emergency Card Information

Child's Name: _____

Child's Date of Birth: _____

Child's Address: _____

E-Mail Address: _____

Home Phone Number: _____

Mom's Cell # _____

Dad's Cell # _____

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