

**WEEKENDS ENRICHING BRAINTREE & BEYOND**

**REGISTRATION FORM**

*Spring 2010*

**Please Select Class:**

- |  |   |
|--|---|
| <input type="checkbox"/> Art Exploration & Drawing: Ages 5 and up (\$95) | <input type="checkbox"/> Journey into Music: Ages 4-6 (\$100)     |
| <input type="checkbox"/> Adventures in Clay: Ages 5 and up (\$140)       | <input type="checkbox"/> Intro to Songwriting: Ages 11-16 (\$150) |
| <input type="checkbox"/> Musical Expression: Ages 7-10 (\$100)           | <input type="checkbox"/> Group Guitar: Ages 8+ (\$150)            |

**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