

**SPRING 2009
AFTER SCHOOL
ENRICHMENT PROGRAM REGISTRATION
Due by Thursday, February 5th
Spring Session (March 10th -April 25th)
3:15 pm- 4:30 pm**

Child's Name _____ Grade _____ Teacher _____

Course 1st Choice _____ Course 2nd Choice _____

Courses are filled on a random basis and fill very quickly! Each child may only take one class.
2nd choices are considered when the 1st choice class is already filled

Course Cost: \$25.00 Babysitting Cost: \$45 checks made out to American Red Cross

50% of this cost is subsidized through PEP's fund raising initiatives, grants and through your generous donations. Please support and volunteer to help with our fund raising events such as the Holiday Home Tour and by contributing directly through scholarship donations! A limited number of partial scholarships are available. For scholarships, please call Jill Lemay (436-2231).

Total Amount of Payment: _____ **Scholarship Donation Amount:** _____ *(Thank you!)*

Payment Method: **Cash**

Check (payable to **PEP**, there is a \$20 charge for returned checks)

Mother's Name (Guardian) _____

Home Phone _____ Work or Cell# _____

Father's Name (Guardian) _____

Home Phone _____ Work or Cell# _____

Child's Address _____

Emergency Contact:

Name _____ Phone Number _____

Please note any Medical information we should be aware of:

Please fill out both sides of this form. Fill out one registration form per child.

PEP 2009 After School Enrichment Program Transportation Form

Spring Session: March 10th- April 25th

All participants in the After School Enrichment Program must fill out this form.

Please indicate the method of transportation your child will be using to return home after the After School Enrichment Program. The bus company will not accommodate any switching to the bus mid session or using the bus only occasionally. **This form must be filled out whether your child is taking the bus or you are picking your child up.** All children, including walkers, will be allowed to take the late bus if you desire.

Please choose only one method of transportation

Please sign and return with your registration form and payment:

My child _____ will be:

- Taking the late bus home (see address below)
- Be picked up by _____ (Name of person(s) picking child up) This person **must sign child out with our coordinator.** All children must be picked up promptly at 4:30pm. No child will be permitted to walk home unescorted.
- Returned to PEAK Program at Dondero at 4:30pm
- Other _____

We are sorry but we cannot release children to people not indicated on this form without a note from home given to the coordinator, prior to the start of that day's class.

If your child is taking the late bus, please indicate what **address your child will be taking the bus to:**

My child will be taking the late bus to:

Name _____

Phone number at address _____

Address _____

Please check here if the address above is not the child's primary address:

- The above bus drop off address is different than the child's primary address.

Parent's Signature _____ Date _____