

EASTSIDE ENRICHMENT REGISTRATION

PLEASE DO NOT RETURN TO THE SCHOOL OFFICE

FALL WINTER SPRING QUARTER

circle one

Student's Name _____ Grade _____ School _____
(please print)

Parent(s) Name(s) _____

Address _____

Email Address _____

Phone # (day) _____ Phone # (eve) _____

Class(es) Requested: _____

_____ Amount Enclosed: \$ _____

Additional Amount to Assist Student Scholarships: \$ _____ (tax deductible)

Emergency Contact Name and Number _____
(REQUIRED)

Participant Release of Liability: As the person responsible for the above named child, I hold Eastside Enrichment, a non-profit corporation, not liable for any physical injury, loss, damage or other consequences that may arise or result directly from any activity or class in which my child may participate. I hereby assume all risk of liability for injury, loss, damage or other consequences. I understand that I am responsible to have accident and medical insurance coverage for my child. **I agree to pick up my child at the stated ending time for each afternoon class and that I will pay the teacher directly \$25.00 for every 15 minutes after that time. OR Initial if your child will return to the school's on-site day care after class**.**

Initial if student participates in on-site childcare** _____ **

Parent/Guardian Signature

Date

Tuition Information: Tuition is 100% refundable (minus \$10 for administration costs) if you call to cancel before the second class. **MAIL THIS PAGE AND TUITION TO:** Eastside Enrichment Registration, c/o 21003 SE 155th PL, Renton, WA 98059. **CHECKS PAYABLE TO: EASTSIDE ENRICHMENT.** (Note: There is a \$10.00 charge for returned checks.)

For general information or concerns: Please contact the Director, Chris Landes, on (425) 430 -1966 or e-mail us at eastsideenrichment@comcast.net. Additional registration forms and schedules are available at www.eastsideenrichment.org