

Westerly Creek Elementary Enrichment Registration Form-2017 Winter
Please return this form, information card, and payment (check payable to DPS Community Education) to Stephanie Hines

Child's Name _____ Classroom Teacher _____ Grade _____

Parent/Guardian's Name(s) _____

Phone # during program time: _____

Email(s): _____

How will your child get home? _____

Emergency Contact Name _____ Emergency Contact Number _____

Emergency Contact Name _____ Emergency Contact Number _____

I am interested in registering my child for:

- | | | |
|--------------------------------|-----------------------------|------------------------------|
| _____ Tennis (K-2) | _____ Mind Dance Coding | _____ OmniForm |
| _____ Mad Science | _____ Tennis (3rd-5th) | _____ Sticky Fingers (ECE-1) |
| _____ Sticky Fingers (2nd-5th) | _____ Acting for the Camera | _____ Woodshop Wizards |
| _____ Play On | _____ Bricks 4 Kid | |

By registering for Enrichment, I have read and agree to the following terms. Please initial each line.

_____ I will notify **Stephanie Hines** via email (Stephanie_Hines@dpsk12.org) or phone (720-692-7982) as soon as possible if my child will not be attending their enrichment classes.

_____ I have arranged transportation for my child. They will be picked up on time at the end of each class. Children may walk or bike home with guardian permission, or Discovery Link if they are registered. If you are late picking up your child you will be charged a \$1.00 per minute fee for each minute you are late.

_____ The Enrichment Program reserves right to suspend or terminate enrollment due to excessive late pick-ups or behavior issues. If terminated from enrichments, families will not be given a refund for remaining enrichment days.

_____ Participants will not be given a refund for days they are unable to attend due to illness, appointments, etc.

_____ The last day to register for Winter classes is Friday December 11th. The last day to withdraw is Monday December 14th by 4:00 pm

Refunds will not be awarded past December 14, 2017

_____ Does your children require any special arrangements or have any allergies? Please mark and indicate below.

_____ No _____ Yes (Please explain):

ACTIVITY AUTHORIZATION

Yes	No	I give permission for my child to appear in any media coverage approved by Neighborhood Center Staff.	Parent/Guardian Initials
Yes	No	Are there any activities your child <u>cannot</u> participate in due to physical, social or religious reasons?	Parent/Guardian Initials
Personal Release Statement: I understand that there is risk of injury in any recreational or sport activity and I voluntarily assume such risk. I take full responsibility for the actions and physical condition of my child. I agree to indemnify and hold harmless the Department of Extended Learning and Denver Public Schools from liability, loss, cost or expense (including attorney's fees, medical, dental and ambulance costs) that my child may incur while participating in the Neighborhood Center activities.			Parent/Guardian Initials

Parent Guardian Name (Please print): _____

Parent/Guardian Signature: _____

Payment--For Office Use Only

_____ Check/CC _____ Check No./Auth. Code _____ Amount

Program Specialist Signature: _____

Date_____