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Chabot After-School Program Enrollment Form

Please check the catalog, by class, for unique registration requirements/instructions

Session: Fall Winter Spring

Class Name: _____

Class Day: _____ Class Time: _____

1) Child's Name: _____

Grade: _____ Room: _____ Teacher: _____

2) Child's Name: _____

Grade: _____ Room: _____ Teacher: _____

1) Parent/Guardian: _____

Phone # (home) _____ (cell) _____

Email: (print clearly) _____

2) Parent/Guardian/Emergency Contact: _____

Phone # (home) _____ (cell) _____

Email: (print clearly) _____

Please sign here if you would like your child held for pick up in the class: _____

(if not marked, grade 1-5 students will be released after class; all Kindergarteners must be released to a parent / guardian)

Additional adults authorized to pick up child: _____

(Kindergarteners only unless signed above)

Adventure Time: My child(ren) will attend Adventure Time: before class after class

Please describe your child's experience or interest in the class:

Please list any allergies or special considerations:

Parent/Guardian signature: _____