

AE2 Spanish After-School Program – Spring 2007
Registration deadline March 23rd

Student Information Name: _____ Grade _____ Rm# _____ Birth-Date: _____ Allergies, including food, or other info: _____ Doctor/practitioner _____ Phone _____
Student Information (if more than 1 child) Name: _____ Grade _____ Rm# _____ Birth-Date: _____ Allergies, including food, or other info: _____ Doctor/practitioner _____ Phone _____
Parent Information Name: _____ Email: _____ Address: _____ Work: _____ Home: _____ Cell: _____ Carpooling needs/Comments: _____
Emergency Contact Name: _____ Phone(s): _____ <input type="checkbox"/> Other Parent <input type="checkbox"/> Friend <input type="checkbox"/> Family
All classes meet for 7 sessions from 3:30 to 4:15 in the Art Room at a cost of \$42. Minimum enrollment for classes is 10 students. <input type="checkbox"/> K-1: Tuesdays Apr. 3- May 22 <input type="checkbox"/> 2-3: Wednesdays Apr. 4 – May 30 (note: no class on early release days) We need your help! Please sign up for at least one day if at all possible. <input type="checkbox"/> I am available to assist from 3:15 to 4:15 on one of the following dates: _____
To complete registration you must check the statements below and sign. <input type="checkbox"/> I understand there are no credits or refunds for missed classes. <input type="checkbox"/> I understand tuition is nonrefundable, unless the spot is filled by another child. <input type="checkbox"/> I give my permission for myself or my child to receive emergency medical treatment. Signature: _____ Date: _____

Registration for classes will be first come first serve.

Please send this registration form with a \$42 check made out to “**Martin Salinas**” to:

Ashley Clarke
727 N. 72nd St
Seattle, WA 98103

Registration questions: Ashley Clarke, 783-3142 or ashley01@foxinternet.net