

P.A.T.H. After School Enrichment Classes

Session Three Application

Child's Name _____ Date _____

Grade _____ Room Number _____ Teacher _____

Parent's Name(s) _____

Phone Number (H) _____

Phone Number (W) _____

Phone Number (cell) _____

E-mail address for confirmation and notices _____

After class, I would like the instructor to: let my child go to the front of the school _____
 send them to YMCA _____ keep them in class until I arrive _____ let them go to the yard _____
 other _____

Name of class(es) applying for:	Day of class:	Cost of each class:
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____
4. _____		\$ _____
5. _____		\$ _____

For each class, please submit
 a **separate check!** This helps
 with our accounting.

TOTAL AMOUNT ENCLOSED: \$ _____

(PAYABLE TO "P.A.T.H.")

Check# _____

(Please no cash)

~ Please make sure that you do not choose classes that take place
 on the same day. Classes begin the week of April 20th

~ There are no refunds or make-ups for absences.

~ **Turn in this application to the main office by Friday, April 17th.**

For enrichment coordinator only:

Date received: _____ Confirmation sent _____ Check received _____