

**Enrichment Club Registration Form**

# To register for Enrichment Clubs, please complete the below form and submit to the club leader or homeroom teacher. Payment for Enrichment Clubs must be by check or money order only, not online. Checks should be made out to *Franklin Academy Boynton Beach* with your *child’s name and club name* in the memo line. Please complete only one form for each club and one check per club if registering for multiple clubs.

Payments must be made by the 25th of each month for the next month’s club (example: Sept. 25th for October clubs). Clubs with maximum participation are ﬁlled on a ﬁrst come ﬁrst serve basis.

**Enrichment Club Name:** **Club Leader:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Month Registering For:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Price:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name: Last:**  **First:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Homeroom Teacher:**  **Grade:**   **Age:** \_ \_\_\_\_\_\_\_\_

*Family Information Parent/Guardian*

# **Last Name:** **Email:**

**First Name:** **Phone Number:**

**Emergency Contact Name (other than listed above) :**

**Relationship to Student:** **Phone Number:**

**Is the student in Afterschool Connections?**  YES NO (circle)

**Allergies or pertinent information regarding student:**

**Student Dismissal Procedure (circle one):** After School Connections (ASC) / Car Rider

Enrichment Clubs are non-refundable, except for hospitalization or the cancellation of the club. Parents will be required to pick up students from the designated area promptly upon the end of the enrichment.

Students who are not picked up on time will be assessed a late pick-up fee.

I have read the program procedures and agree to the above guidelines **Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

Administrative Use Only

# Payment

Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Money Order #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_