



Class Starts After the Bell Rings at William Land Elementary!

Class Details

Day of the week: Monday

Time: Kinder 2:00-3:00pm

Grades 1-6th 3:10-4:10pm

Session A: 9/24, 10/1, 10/8, 10/15, 10/22, 10/29, 11/5, 12/3, 12/10, 12/17, 1/7, 1/14, 1/28, 2/4, 2/25, 3/4, 3/11, 3/18, 3/25, 4/1, 4/22, 4/29, 5/6, 5/13, 5/20

Enrollment Options

To ensure a spot for your child, be sure to register online.
Registration will open online (www.dreamclasses.org) on September 10, 2018 at 10am.

- Paper forms will be subject to a lottery.
- If you choose to register with this paper form, return form to the school office box between Sept 10-14th.
- Lottery winners will be informed on September 20th.

Parent Name: _____ Parent Email: _____
 Home Address: _____ Parent Cell Phone: _____
 Parent Alternate Phone (required): _____ *Alternate phone will be used when we cannot reach a parent on the main cell phone number.*
 Child Name: _____ Date of Birth: ____/____/____ Grade: _____
 Known Allergies or Medical Conditions: _____
 Release Option: Guardian pick-up from class Staff escort to after school care Independent release to parking lot or walk home
 Does your child attend after school care? Yes No *Please choose "yes" even if your child only attends infrequently.*
 KINDER QUESTIONS: If your child is a Kinder, is he/she: AM PM ALL DAY and what is his/her room # ? _____
Enrollment Choice Pay in Full -----> \$287.50
 Payment Plan -----> \$143.75 today, \$143.75 charged on 10/15/18

Payment and Waiver

VISA MC DISC AMEX Check # _____ "Payable to Dream Enrichment Classes" **Checks are only accepted if you are paying in full.**
Payment plans must be paid by credit card.
 Credit Card # _____ Expiration Date: _____

Please read our after school class policies at: dreamclasses.org/policy It includes such information as medical liability, photo release, transfers, cancellation fees, refunds and discipline. By signing below, you acknowledge that you have both read and understood all policies outlined in the aforementioned document, including that you waive any right to claim against Dream Enrichment owners, staff and teachers in the event of an accident, injury or loss of personal items. A copy of this policy document will also be available in your confirmation email. If you have provided your credit card information, you agree to let Dream Enrichment charge your card for the items you have requested.

Parent Name: _____ Signature: _____

Your registration will not be processed without both payment and signature.



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REGISTRATION *now open!*
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