



After School Art Classes at William Land Elementary!

5% of proceeds benefits the PTA!

Class Details

Day of the week: Monday

Time: Kinder 2:00-3:00pm

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

School Year Session: 9/25, 10/2, 10/9, 10/16, 10/23, 10/30, 11/6, 11/13, 11/27, 12/4, 12/11, 12/18, 1/8, 1/22, 1/29, 2/5, 2/26, 3/5, 3/12, 3/19, 4/2, 4/9, 4/16, 4/23, 4/30, 5/7, 5/14, 5/21

Registration Form

To ensure a spot for your child, be sure to register online.

Registration will open online (www.dreamclasses.org) on September 11, 2017 at 10am.

Those who register online will have priority.

Paper forms will be subject to a lottery.

If you choose to register with this paper form, please return form to the school office box between Sept 11-15th.

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 Options

Kinder Class: 2:00-3:00pm on Mondays. One payment of \$320 (payment plans available online only)

Grades 1-6 Class: 3:10-4:10pm on Mondays. One payment of \$320 (payment plans available online only)

To ensure a spot for your child, be sure to register online starting 9/11/17 at 10am.

VISA MC DISCOVER AMEX Check Payable to "Dream Enrichment Classes" (No checks for payment plans, please)

Credit Card Number: _____ Expiration Date : _____

Please read our after school class policies at: dreamclasses.org/policy It includes such information as medical liability, photo release, transfers, cancelation 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. Please call 916-419-7644 if you have any questions.

Questions? Call 916-419-7644 or find us online at www.dreamclasses.org

The Sacramento City Unified School District is not a sponsor, endorser, or otherwise associated with the above event. Permit: A-72