



Firefly Class Starts After the Bell Rings at William Land Elementary! Art

| Class Details | | | |
|--|---|-----------------------|--|
| Time: Kinder 2:00-3:00pm | Session A: 10/4, 10/11, 10/18, 10/25, 11/1, 11/8, 11/15, 11/29, 12/6, 12/13, 1/3, 1/10, 1/24, 1/31, 2/7, 2/28, 3/7, 3/14, 3/21, 3/28, 4/4, 4/18, 4/25, 5/2, 5/9, 5/16, 5/23 | | |
| Enrollment Options To ensure a spot for your child, be sure to register online. Registration will open online (www.dreamclasses.org) on September 8, 2021 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 8-22nd. Lottery winners will be informed on September 23rd. | | | |
| | | 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: | | | |
| | Staff escort to after school care \Box 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 > \$378 | | | |
| | | □ Payment Plan ——-> (| \$189 today, \$189 charged on 10/23/21 |
| | | Payment and Waiver | |
| □VISA □MC □DISC □AMEX □Check # Credit Card # | "Payable to Dream Enrichment Classes" Checks are only accepted if you are paying in full. Payment plans must be paid by credit card. | | |
| Please read our after school class policies at: dreamclasses.org/ refunds and discipline. By signing below, you acknowledge that yo you waive any right to claim against Dream Enrichment owners, s | 'policy It includes such information as medical liability, photo release, transfers, cancelation fees, ou have both read and understood all polices outlined in the aforementioned document, including that staff and teachers in the event of an accident, injury or loss of personal items. A copy of this policy have provided your credit card information, you agree to let Dream Enrichment charge your card for | | |

Parent Name: _

______Signature: _____

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