



**Birchwood School
of Hawken**

After School Enrichment Registration

REGISTER USING ONE FORM PER CHILD FOR: Ballet, Cheerleading, Math Club/Team Practice, Spanish Club, Sports Club, Turbo Kick, Photo Club

Child's Name: _____

Grade: _____ Date of Birth: ____/____/____

1) Class: _____ Time/Day: _____ Fee: _____

2) Class: _____ Time/Day: _____ Fee: _____

3) Class: _____ Time/Day: _____ Fee: _____

4) Class: _____ Time/Day: _____ Fee: _____

Supply Fee (for those who do not regularly attend After School Care): \$20

TOTAL: _____

Parent/Guardian Name(s): _____

Address: _____ Home Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell: _____ Father's Cell: _____

Person authorized to pick up your child / emergency contact (person must show picture I.D.):

Name: _____ Relationship: _____ Phone: _____

Is your child under medical care or taking any medication(s)? Yes No

If yes, is the medication stored at school? Yes No

Please check all of the following conditions that your child has:

Bee Sting Allergy Epi-pen Yes No Other Allergies:

Asthma Inhaler Yes No Special Needs / Disability:

Diabetes Insulin Yes No Other:

Vision / Hearing

Physician's Name: _____ Phone: _____

For Office Use Only

Enroll Date: _____ Initials: _____

Payment Received Date: _____ Check #: _____