



# Enrichment Classes Registration Form 2015

Tues. Sept. 8, 2015 – Sat. June 4, 2016

**Richmond, VA**

## CHILD'S INFORMATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Middle name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Allergies, or Health Concerns: \_\_\_\_\_  
 Current age: \_\_\_\_\_ Male / Female \_\_\_\_\_

## FAMILY INFORMATION

Name of Parent 1: \_\_\_\_\_ Name of Parent 2: \_\_\_\_\_  
 Home address: \_\_\_\_\_ Home address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

## CHOICE OF CLASSES *Please choose from the list below*

**Language:** \_\_\_\_\_ Spanish \_\_\_\_\_ French \_\_\_\_\_ Mandarin \_\_\_\_\_ Arabic  
**Group:** \_\_\_\_\_ Ladybugs \_\_\_\_\_ Honeybees \_\_\_\_\_ Dragonflies \_\_\_\_\_ Grasshoppers  
**Session:** \_\_\_\_\_ Session 1 (Sept. 8-Oct. 24) \_\_\_\_\_ Session 2 (Oct. 27-Dec.19) \_\_\_\_\_ Session 3 (Jan.5-Feb.20)  
 \_\_\_\_\_ Session 4 (Feb.23-Apr.16) \_\_\_\_\_ Session 5 (Apr. 19-June 4)  
 Day: \_\_\_\_\_ Time: \_\_\_\_\_ Group: \_\_\_\_\_  
 Day: \_\_\_\_\_ Time: \_\_\_\_\_ Group: \_\_\_\_\_

## CHOICE OF CLASSES *Please choose from the list below*

A) My family is a: \_\_\_\_\_ Returning Family \_\_\_\_\_ New to CommuniKids Family  
 B) I'd like to pay: \_\_\_\_\_ Yearly Payment \_\_\_\_\_ Session Payment  
 C) My payment method will be: \_\_\_\_\_ Personal Check or cash \_\_\_\_\_ Credit Card or Debit Card

## CONSENT *Please initial in front of each statement*

\_\_\_\_\_ I understand that registrations and schedule changes are accepted based on space availability.  
 \_\_\_\_\_ I understand that to complete my registration I need to submit my payment.  
 \_\_\_\_\_ I understand that CommuniKids doesn't offer refunds or credits for missed classes.  
 \_\_\_\_\_ I understand that CommuniKids offers makeup classes by letting the student attend a class on a different day/time/location/language.  
 \_\_\_\_\_ I understand that withdrawals need a 30 day advance notice (written) to stop charging my account.

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|--|---|
| <b>Office Use Only:</b><br># Sess: _____ * \$140.00/ \$160.00 Discount: 0% - 10% subtotal: _____ Payment:<br>_____ TPD / Cash / Check# _____ Date: _____ Rec'd: _____ Payment:<br>_____ TPD / Cash / Check# _____ Date: _____ Rec'd: _____ | <b>Office Use Only:</b><br>Con.em: _____ OC: _____ Exc: _____ List: _____<br>Forms: IECF: _____ ARP: _____ Other: _____ |
|--|---|

Signature: \_\_\_\_\_ Date: \_\_\_\_\_