Summer 2009 Streamwood **H.S.**

Art Enrichment Program

REGISTRATION FORM

PLEASE COMPLETE ONE REGISTRATION FORM PER FAMILY.

Make checks payable to: Streamwood High School, 701 W. Schaumberg Rd. Streamwood, Il. 60107

The course fee is $75.00 for the first child registered, and $50.00 for each additional sibling.

Registration for one child – $75.00, Registration for two children – $125.00, Registration for three children – $175.00, Registration for four children – $225.00

Children must be related, and be registered by the same parent in order for discounted rate to be applied.

Mail form and full payment to:

Streamwood High School, Attn: Sarah Cress, Photography Teacher

701 W. Schaumberg Rd. Streamwood, Il. 60107

Please Print ---**PARENT OR GUARDIAN INOFRMATION** ---

_____

Last Name First Name

_____

Address

_____

City State Zip

_____

Phone (Home) U-46 Employee? yes ¨ no ¨

_____

Phone (Cell)

_____

E-Mail

Emergency Contact Information

_____

Name Phone

Child Registration: Please provide proof of age for preschool/kindergarten (copy of birth certificate or passport). Indicate your preferred session in the boxes below.

Child's Name -	**Child's Age -**	**Preschool/Kindergarten Group –** Select one time for the entire duration of the course.	**First, Second and Third Grade Group-** Select one time for the entire duration of the course.	**Fourth, Fifth and Sixth Grade Group-** Select one time for the entire duration of the course.	**Total Due –** ($75.00 for first child, $50.00 for each child after first)	If the selected timeframe is filled, may we automatically enroll your child in the other session? Y/N
		¨ **9:00 – 10:00** ¨ **10:30 – 11:30**	¨ **9:00 – 10:00** ¨ **10:30 – 11:30**	¨ **9:00 – 10:00** ¨ **10:30 – 11:30**		
		¨ **9:00 – 10:00** ¨ **10:30 – 11:30**	¨ **9:00 – 10:00** ¨ **10:30 – 11:30**	¨ **9:00 – 10:00** ¨ **10:30 – 11:30**		
		¨ **9:00 – 10:00** ¨ **10:30 – 11:30**	¨ **9:00 – 10:00** ¨ **10:30 – 11:30**	¨ **9:00 – 10:00** ¨ **10:30 – 11:30**		
		¨ **9:00 – 10:00** ¨ **10:30 – 11:30**	¨ **9:00 – 10:00** ¨ **10:30 – 11:30**	¨ **9:00 – 10:00** ¨ **10:30 – 11:30**		
		¨ **9:00 – 10:00** ¨ **10:30 – 11:30**	¨ **9:00 – 10:00** ¨ **10:30 – 11:30**	¨ **9:00 – 10:00** ¨ **10:30 – 11:30**		

Total Number of children enrolled: _____

Total Payment Due: _____

Enclosed Payment in Full: ¨ Check $_____ ¨ Cash $_____

Signature: _____