

Registration Form After School @ Your School

_____/_____
 Student's Name Birthdate / Grade

 Parent / Guardian Name

 Primary Phone Work Phone Alt Phone

 Address City, State Zip Code

 Email Address

Class Code	Class Name	Date(s)	Fee Total
Amount Enclosed			

 Credit Card Number Visa MasterCard Discover American Express Exp. Date

Make checks payable to Portage Public Schools

PPS Enrichment office: 8107 Mustang Drive, Portage, MI 49002
 Phone: 269-323-6700 • www.ppscommed.org

Registrations will NOT be accepted at class or at the Elementary School offices.

Required Information

Name of Teacher _____

Primary Contact During Class:

Contact Name _____

Contact Phone _____

WAIVER:

Photo Waiver: I give permission for my child to be photographed in class and permission for the photographs to be used in promotional materials. Yes No

Drawing Waiver: I give permission for my child's drawings to be used in Young Rembrandt's promotional materials. (*Young Rembrandts Only*) Yes No

My child has permission to attend this class.

Parent/Guardian Signature: _____

Choose One

My child will be picked up after class by: _____

My child will attend Curious Kids Child Care where he/she is preregistered.

My child has prmission to travel home by his/her own means.

Health Concerns: Yes No

If yes, please indicate: _____

