**P.S. 185 After School Enrichment Program 2019**

The P.S. 185 Enrichment Program runs for **10** **sessions** on Wednesdays and with a flat rate of $150. Siblings may be enrolled at the half-price rate of $75.00. The Program starts at 2:25pm and dismissal is 4:00pm.

**Full payment is required at enrollment.** Classes have a minimum enrollment of 10; some may have a maximum due to necessary supervision. Students will be chosen by lottery - all forms are due in school by WEDNESDAY September 25, 2019. **No forms will be accepted after that date**. You will be notified via email if your child is accepted. If a class is full, your payment will be returned. There will be no refunds for any reason, so please choose carefully. ***Each student and sibling requires their own enrollment form and should be submitted in the same envelope.***

**Student Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please check BOX BELOW*

* **Cheerleading** – Grades K-2,WEDNESDAY: (Ms. Bergin)

 *(see attached for dates, program ends December 20, 2019)*

**Enrichment Program Behavior Policy**

*In order to ensure the enjoyment of all students, please note that there is a Behavior Policy. If a student is disruptive during instruction, they will be asked to stop the behavior. If disruptions continue, the student may be removed from the session and the parent notified. If disruptions continue for a 3rd time, the student will be removed from the remaining sessions. We regret that we cannot offer any refund.*

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**No. of classes x Rate ($150, sibling rate $75) = Total due**Make checks payable to PS 185** |

My child will participate in the Enrichment Program. I have noted grade restrictions, dismissal time and Behavior Policy. Full payment is enclosed. I have filled out the Emergency Contact form on the reverse. I understand that there are no refunds for any reason.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please keep the attached calendar pages for your own information and important dates.**

**P.S. 185 After School Enrichment Program 2019**

**Emergency Contacts**

**Student Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Emergency Contact Information** |
| **Name** | **Relationship** | **Home Telephone** | **Cell Phone** |
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**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**