

John Hay Elementary
Math Enrichment
Registration Form

Please Print

Child's Name	Last:	First:
Grade		
Teacher		
Walk Home? Yes No	Parent Pick-Up? Yes No	
Is there anything that you would like me to know about your child to enhance their experience with this program?		

Parent/Guardian:	Relationship:
Phone:	Email:
Parent/Guardian:	Relationship:
Phone:	Email:

Sign –Out Information

Safety is priority for the John Hay After-School Programs; therefore, all children must be released to an individual authorized for pick-up by a parent or guardian.

Parent/Guardian:	Phone:	Relationship
Parent/Guardian:	Phone:	Relationship
Additional authorized individuals:		
Name:	Phone:	Relationship

Parent/Guardian Signature: _____ Date: _____

The cost of the after-school program is \$200 per student for 10 weeks. Checks can be made payable to AMW Enrichment. If this fee creates any hardship, please indicate below that you are requesting a scholarship. Also, please indicate the amount you are requesting.

_____ I do not require a scholarship at this time.

_____ I am requesting a full scholarship for this program.

_____ I am requesting a partial scholarship for this program in the amount of _____.

If you have any questions, comments or concerns feel free to email Mr. Anthony at Amwilliams@seattleschools.org.