



Enrichment After-School Program Session 1
(Tuesday, September 29th, 2020 – Friday, October 9th, 2020)

Please complete the following required information.

Student Name _____ Grade _____

Street Address _____

Name of Parent/Guardian _____

Home Phone # _____ Work Phone # _____

First contact person _____ Phone # _____

Please list any health conditions or dietary restrictions:

Are there any family circumstances we should be aware of?

We understand that in case of an emergency Arizona Charter Academy After Care staff will make every effort to contact us. We also understand that if we can not be reached ACA staff will call the paramedics if they deem it necessary and that if paramedics are called we acknowledge that Arizona Charter Academy will not be liable for the charges incurred. Please Initial_____.

In case of an emergency, what hospital do you prefer that your child be taken to?

I/We wish to enroll the above mentioned student in the After School Enrichment Program.

Printed Name _____ Signature _____ Date _____

Students will participate in Homework Club and educational activities. Please note teachers facilitating homework club are not responsible for your student's completion of homework.

Please indicate which programs your child will participate in:

- ☐ Homework Club (3:30 – 4:30) – Tues-Fri 2 days a week is \$20 for the remainder of the quarter (2 weeks)
☐ Enrichment Club (4:30- 5:30pm) – Tues-Fri 2 days a week is \$20 for the remainder of the quarter (2 weeks)
☐ \$6 an hour if not enrolling in the entire quarter. Please indicate which days and times: _____

Please turn into the Front Office