



Enrichment After-School Program Session 2 (Tuesday, October 20th, 2020 – Friday, December 18th, 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 cannot 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 \$85 a quarter (9 weeks)
- ☐ Enrichment Club (4:30- 5:30pm) - Tues-Fri 2 days a week is \$85 a quarter (9 weeks)
- ☐ Monday W.I.N. Day Enrichment (8:30am-3:30pm) \$200 a quarter or \$25 a day or \$5 an hour. This program starts Monday October 26. If not utilizing the whole quarter, please indicate specific Mondays and hours that are needed: _____
- ☐ If not utilizing the whole quarter for Homework Club or Enrichment Club Tuesday-Friday please indicate which days and hours are needed: _____

Please turn into the Front Office