

Child's Name _____ Grade _____

Parent/Guardian Name _____

Parent/Guardian Phone Number _____

Emergency Contact Name (Required) _____

Emergency Contact Phone Number _____

Allergies/Other Important Information _____

Please Select Program Days

<input type="checkbox"/>	Monday	Improv with Joy (6 th - 8 th Grade)	\$315.00
<input type="checkbox"/>	Tuesday	Graffiti Art with Adam (2 nd - 8 th Grade)	\$335.00
<input type="checkbox"/>	Wednesday	Yoga with Children's School of Yoga (K - 5 th Grade)	\$210.00
<input type="checkbox"/>	Thursday	Movie Making 101 with Darleen (K - 5 th Grade)	\$315.00
<input type="checkbox"/>	Friday	Wiffle Ball with Frank (Grades 3 rd - 8 th)	\$150.00

Total _____

Parent/Guardian Signature _____

By signing this I acknowledge that I have the authority to do so and that I understand there will be no refunds whatsoever for absences or withdrawals. There will, however, be a full refund in the event that The Mead School, in its sole discretion, cancels any program for any reason (e.g. under enrollment). I give permission for any photographs taken of my child(ren) to be used in The Mead School's future marketing and promotional materials.

PAYMENT MUST BE RECEIVED BY MARCH 30, 2018

Mail the registration form* along with check (payable to The Mead School) to the address below -

**The Mead School
ATTN. After School Programs
1095 Riverbank Road
Stamford, CT 06903**

**Registration form not accepted without payment*

For Office Use Only

Check Number _____	Date _____
Check Amount _____	Approved By _____