



AFTERSCHOOL CLASSES

Child's Legal Name: _____
(First) (Last) (Nickname if Applicable)

Child's DOB: ____/____/____ Age: ____ Gender: ____ Grade: ____

Child's Home Address: _____

Parent/Guardian (1): _____ (First) (Last) Email: _____ Phone: _____ Address: _____ _____	Parent/Guardian (2): _____ (First) (Last) Email: _____ Phone: _____ Address: _____ _____
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Class Hours are from 2:15pm – 4:00pm

Extended Care Option: 4:00pm – 5:30pm

Select all services that apply:

<u>Afterschool Classes</u>	<u>Extended Care</u> (select all that apply):
☐ Mindful Movement Class: Mondays 6wks; 9/22/26 - 10/27/26....\$120	☐ After Care (4:00–5:30): Monday \$10/day
☐ Homemade Holiday: Bi-Weekly on Wednesdays 4wks; 11/4, 11/18, 12/2, 12/16....\$80 ** Subject to additional supply fees as needed	☐ After Care (4:00–5:30): Wednesdays \$10/day
☐ Reptile Rangers: Mondays 4wks; 1/4/27, 1/11, 1/25, 2/1, (Snow date of 2/8)....\$120	☐ After Care (4:00–5:30): Monday \$10/day

Registration Fee: \$50.00 (due with submission of class registration form)

Checks can be made payable to Roots And Wings School or payment can be submitted through Brightwheel if you are a current student. The registration fees are non refundable.

X

(Signature)

(Date)

FOR OFFICE USE: Amount: _____ Date: _____ Check #: _____ or Brightwheel