

Chorus– Alicia Kennedy



Center Montessori School

After School Activities Fall 2019
This Registration Form is for the following

Elementary 2/Level 3 -
Tuesday and Thursday *Sept 17–Dec 17 *3:15–4pm

\$100.00 Includes Fall and Spring (may be made in two payments)
Please make checks payable to Center Montessori School (CMS)

Instructions:

1. Fill out the required registration information below
2. Submit completed form along with all appropriate payment(s) to the office. Please make checks payable to the Center Montessori School. Payment is due according to each instructor's individual payment arrangements. We will accept payments in the office or please give directly to the activity instructor.

Student Name _____ Student's Class _____

Date of Birth _____

Previous experience, if any _____

Parent Name _____

Email address: _____

Phone Numbers (cell) _____

(work) _____ (home) _____

Address _____

City _____ State _____ Zip _____

Emergency Contact _____

Emergency Phone Number _____

_____ (Please initial) I release Center Montessori School and all its staff, instructors, and agents of all liability due to injuries incurred by my child as a participant of the extracurricular activities for which I am registering my child.

Parent Signature _____ Date _____