

# Cooking-Amy Jasmer



Center Montessori School

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

**Primary:**

**Monday \*Sept 16– Dec 17 \*3:30-4pm**

**\$15.00 per class**

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 appropriate instructor as indicated. Payment is due according to each instructor's individual payment arrangements. We will accept payments in the office, or if possible, 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 \_\_\_\_\_