



EXPLORE After School Enrichment Classes Registration Form

Please bring this form with check/cash to Register!

Fall classes begin the week of September 23rd. Limited enrollment, first come, first served.

Bay View

Gault

Westlake

Delaveaga

STUDENT INFORMATION

Name: _____ Grade: _____ Teacher: _____

PARENT INFORMATION

Name: _____ Email: _____

Cell Phone: _____

ENROLL MY CHILD IN THIS CLASS : _____

ENCLOSED IS MY CHECK/CASH FOR \$ _____ **CHECK #** _____

(Made out to "Santa Cruz Education Foundation" SCEF) - in the memo, pls put "Explore/School name/Class name")

I CAN PROVIDE AN ADDITIONAL DONATION IN THE AMOUNT BELOW FOR STUDENTS IN NEED AND TO BRING MORE AFTER SCHOOL CLASSES TO YOUR SCHOOL IN THE FUTURE:

\$25 \$50 \$75 \$100 (provides 1 full scholarship for most classes) other _____

I CANNOT MAKE THE SUGGESTED DONATION. I CAN CONTRIBUTE \$ _____

My child will (**pls circle, MUST be indicated**) be picked up by parent/guardian, or walk to CKC or ASES at the end of each class. I will make arrangements with the CKC/ASES Staff. _____ **Parent initial**

I give permission for my child to attend after-school classes at _____ **School**. I understand it is my responsibility to make sure my child is supervised before class and picked up immediately at the end of class and that snacks are not provided by the program. Please pack an extra snack and a water bottle for your child to enjoy before class begins.

PARENT SIGNATURE _____

REFUNDS: After classes start, refunds are available only if we can fill your space.

For more information or questions, **Contact EXPLORE** at kroth@sccs.net, or 831-595-8283

