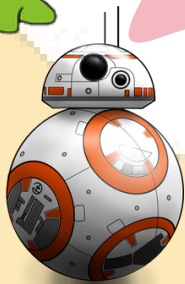


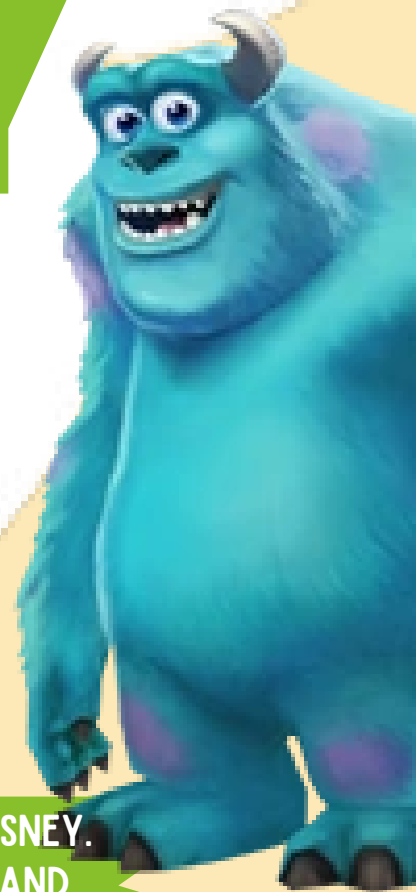


DAZZLING DISNEY

FUN WITH MRS. SARAH



THURSDAY 12:10-1:15
5 DAY STUDENTS ONLY



About the class:

WE WILL BE IMMERSING OURSELVES IN ALL THINGS DISNEY.
WE WILL BE LISTENING TO MUSIC, PLAYING GAMES, AND
DOING CRAFTS.



CLASS FEES:

REGISTRATION: \$30
MONTHLY TUITION: \$55

PAYMENT OPTIONS:

VENMO:
@SARAH-HAIGH-31

CASH

CHECKS MADE
PAYABLE TO SARAH HAIGH

FOR MORE INFORMATION:
SARAH HAIGH 248.469.6903



Country Day School
After School Program
General Registration Form

This form serves as registration for all after school programs. By signing my child up, I agree that my child is registering for the full academic year of classes and not on a month to month basis. Should my child need to be released from the program, prior to the end of the school year, I agree to give a full month's notice in writing and to pay that month's tuition. I also understand that should my child miss a class for any reason, I still owe for that class as I am paying for the space, not attendance. A make up class is often not available due to full capacity in other classes. In addition, if payment is 30 days past due, my child will not be able to attend class until payment is paid in full, including any late fees incurred. If payment is delinquent longer than 30 days, my child's space may be filled with a child from the waiting list.

(Please initial each line)

_____ My child has permission to participate fully in this after school program and the activities that go along with it for this school year.

_____ I, hereby release, hold harmless and indemnify Country Day School, LLC and all after school program teachers from any and all liabilities arising from, relating to, or in conjunction with the services provided upon the premises.

_____ After School Program tuition of \$55.00 is due by the 5th of each month. A \$10.00 late fee will be applied to tuition if not received after the second class. Payment is made to the teacher holding the class.

_____ A non-refundable \$30.00 registration fee for programs must accompany this registration form to hold your child's spot, made payable to the class instructor.

Parent's Name (Print): _____

Parent Signature: _____

Child's Name: _____

2024-2025 Teacher: _____

Date: _____

Registration Form Continued

Student's Name: _____ Age: _____

Address: _____ City: _____

Parents' Names: _____

Phone Numbers: _____

Email: _____

Allergies: _____ Epi-pen yes no

Please list who has permission to pick up your child:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Please list the program(s) and day(s) for which you are registering your child:

Program: _____ Day: _____

Program: _____ Day: _____

Program: _____ Day: _____

Program: _____ Day: _____

Program: _____ Day: _____

*These completed forms along with a \$30 registration fee for each program (made payable to that program's instructor) must be returned to CDS by Monday, August 12 to secure your child's spot.