

A green worm is on the top left, a pink worm is on the top right, and a yellow worm is on the right side of the contact information box. The background is yellow with musical notes, stars, and a rainbow on the left.

Wiggly Worms

**A CLASS
OF FUN!**
.....
**MOVEMENT,
MUSIC AND PLAY.**



CONTACT INFORMATION

.....

Cindy Burke
414.231.1240
Email:
cnomm10@gmail.com



DAY & TIMES
.....
THURSDAYS
12:10-1:15



PAYMENT

.....

\$55 due on the
1st of each month.

Cash or checks
made payable to
Cindy Burke accepted



REGISTRATION FEE

.....

\$30



AGES:
2 DAY STUDENTS WELCOME



After School Program 2026-2027 Registration Form

After school enrichment programs held on the Country Day School, LLC (hereinafter "CDS") campus are independently owned and operated by individual instructors. These programs are not sponsored, operated, or supervised by CDS. Each instructor is solely responsible for their program, including registration, tuition, policies, supervision, and instruction.

By registering my child for an after school program held at CDS, I understand and agree that participation is in a program operated independently by the instructor and not by CDS.

Registration is for the full academic year of classes, 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 one full month's written notice and to pay that month's tuition.

I understand that if my child misses a class for any reason, tuition is still due, as payment is for the reserved space rather than attendance.

If payment is 30 days past due, my child may not attend class until payment is paid in full, including any late fees. If payment remains delinquent beyond 30 days, the instructor may fill my child's space with a student 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 understand that the program is independently operated and not affiliated with or sponsored by CDS, and that all program policies, supervision, and instruction are the responsibility of the instructor.

_____ I hereby release, hold harmless, and indemnify CDS and the summer camp instructors from any and all claims, liabilities, damages, or injuries arising from my child's participation in this independently operated after school program held on the school premises.

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

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

Child's Name: _____

2026-2027 Teacher: _____

Program Name (s): _____

Parent/Guardian Name (Print): _____

Parent/ Guardian Signature: _____

Date: _____

After School Program 2026-2027 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 by Wednesday, August 12 to secure your child's spot.