After School Art Classes at CMP: Capitol Campus!

Class Details

Day of the week: Monday

Time: 3:10-4:10 pm

Classroom: TBD, will be emailed prior to start

Session A: 10/3, 10/10, 10/17, 10/24, 10/31	$75
Session B: 11/7, 11/14, 11/28, 12/5, 12/12, 1/9, 1/23, 1/30	$120

Enrollment Options

Fall Bundle

A half year of fun!
Session A and B

~~$195~~ **$185**
Or two payments of $92.50

Session A

$ 75
Or two payments of $ 37.50

Registration Form

Please do not return this form to the school office. To register using this form, please mail to:
Dream Enrichment Classes. 1820 Tribute Rd, Suite F Sacramento CA 95815
*— The fastest way to register and **reserve your space** is to **register online** at dreamclasses.org —*

Parent Name: _____ Parent Email: _____

Home Address: _____ Parent Cell Phone: _____

Parent Alternate Phone (required): _____ *Alternate phone will be used when we cannot reach a parent on the main cell phone number.*

Child Name: _____ Date of Birth: _____/_____/_____ Grade: _____

Known Allergies or Medical Conditions: _____

Release Option: [ ] Guardian pick-up from class [ ] Staff escort to after school care [ ] Independent release to parking lot or walk home

Does your child attend after school care? [ ] Yes [ ] No *Please choose "yes" even if your child only attends infrequently.*

KINDER QUESTIONS: If your child is a Kinder, is he/she: [ ] AM [ ] PM [ ] ALL DAY and what is his/her room # ? _____

Enrollment Choice: [ ] Fall Bundle [ ] Session A

Payment Choice: [ ] One Payment (checks or credit card ok) [ ] Two Payments (credit card only)

If you choose two payments, your credit card will be charged your first payment upon registration and the remainder 30 days from the start of Session A.

Payment and Waiver

[ ] VISA [ ] MC [ ] DISCOVER [ ] AMEX [ ] Check # _____ Payable to "Dream Enrichment Classes"

Credit Card Number: _____ Expiration Date : _____

Please read our after school class policies at: dreamclasses.org/2016 It includes such information as medical liability, photo release, transfers, cancelation fees, refunds and discipline. By signing below, you acknowledge that you have both read and understood all polices outlined in the aforementioned document, including that you waive any right to claim against Dream Enrichment owners, staff and teachers in the event of an accident, injury or loss of personal items. A copy of this policy document will also be available in your confirmation email. If you have provided your credit card information, you agree to let Dream Enrichment charge your card for the items you have requested.

Parent Name: _____ Signature: _____

*Your registration will **not** be processed without both payment and signature. Please call 916-419-7644 if you have any questions.*

Questions? Call 916-419-7644 or find us online at www.dreamclasses.org

Did you know? . . . That in most cases Firefly Art class tuition is tax deductible, talk to your tax advisor today!