



La Conner After School Program Braves' Club Enrichment Academy 2:45-4:00

Registration Form 2018-2019

Class size is limited to 8 students and will be first come, first served. Please return the completed registration form with your student's class choice along with payment (payable to LCSD) by **OCTOBER 15**. Please turn in the form to the La Conner Elementary School office. Thank you
Students **do not need to be enrolled in the Braves' Club to Participate in the Enrichment Classes.*

Student Name _____ Last _____ Grade _____

Address: _____ City: _____ Zip: _____

Choice of After School Class/Classes _____

Payment Form: Cash _____ Check _____ Registered Swinomish Tribal Member _____

Amount Paid \$ _____ Teacher: _____

Scholarship Requested: _____ (Please complete the back page)

I would like to donate: \$ _____ to provide scholarships and support additional student registrations.

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Parent/Guardian Signature: _____ **Date:** _____

Email: _____

Please Indicate plans for your student after the Enrichment class 4:00 PM **(Must be completed)**

_____ La Conner After School Program (Braves' Club)

_____ Swinomish Transportation to the gym from the elementary circular drive

_____ My student will be picked up at the elementary school

Photo Permitted: By signing this form, photos taken of my student during the enrichment classes can be used for school, in the yearbook, or media purposes. Your signature also allows my student to go on Enrichment field trips.

Questions? Contact Marlene Brenton 360-399-1921 or mbrenton@lc.k12.wa.us

Like us on Facebook: <https://www.facebook.com/laconnerafterschoolprogram>

(Revised 09-27-18)