

SUMMER ENRICHMENT

Family Registration Form

RESPONSIBLE PARENT / GUARDIAN:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Emergency Contact _____

Relationship _____ Phone _____

STUDENT INFORMATION:

Name	Grade	Workshop	Fee
TOTAL			

PAYMENT BY:

Cash or check in payment to Anne Sonneman

RELEASE / WAIVER:

We hereby release St. Laurence and all its employees from any and all liability for any and all harm arising during workshops to my son/daughter. My son/daughter agrees to obey the rules set by the teacher and establishment.

SIGNATURE _____