**

**After School Program Enrollment Form**

Student’s Name: Grade (2016-17):

Parent/Guardian’s Name:

Phone: Cell Work Home

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Phone: Cell Work Home

Parent/Guardian’s Name:

Phone: Cell Work Home

Email address (all correspondence will be sent by email):

**Afterschool Program Payment Options:**

🞏 Pay in full by June 30th ($1,000.00)

🞏 Pay ½ by June 30th and ½ by Nov 15th ($500.00 each payment)

🞏 Other (as agreed to by the Business Office)

Print Name:

Signature:

Form should be completed and returned by June 30th. Any questions regarding payment please call or email Danica Bourgault at 626 799-1053, x 243, or [dbourgault@westridge.org](mailto:dbourgault@westridge.org).