



Westlake After School Enrichment Registration Form

Please return this form with check/cash to the blue binder in the School Office!

Most Classes begin the week of September 24th. Limited enrollment, first come, first served.

 Bay View Gault Westlake

STUDENT INFORMATION

Name: _____ Grade: _____ Teacher: _____

PARENT INFORMATION

Name: _____ Email: _____

Cell Phone: _____

ENROLL MY CHILD IN THIS CLASS : _____

ENCLOSED IS MY CHECK/CASH FOR \$ _____ **CHECK #** _____

(Made out to "Santa Cruz Education Foundation" SCEF) - in the memo, pls put "Explore/WL/Class")

I CAN PROVIDE AN ADDITIONAL DONATION IN THE AMOUNT BELOW FOR STUDENTS IN NEED AND TO BRING MORE AFTER SCHOOL CLASSES TO WESTLAKE IN THE FUTURE:

\$25 \$50 \$75 \$90 (provides 1 full scholarship for most classes) other _____

I CANNOT MAKE THE SUGGESTED DONATION. I CAN CONTRIBUTE \$ _____

My child will (circle one) be picked up by parent/guardian, or go to CKC at the end of each class. I will make arrangements with the CKC Staff. _____ Parent initial

I give permission for my child to attend after-school classes at **Westlake School**. I understand it is my responsibility to make sure my child is supervised before class and picked up immediately at the end of class and that snacks are not provided by the program. Please pack an extra snack and a water bottle for your child to enjoy before class begins.

PARENT SIGNATURE _____

REFUNDS: After classes start, refunds are available only if we can fill your space.

For more information or questions, **Contact EXPLORE** at agenglerdobkin@sccs.net, or 831-595-8283

