



The Mead School

Fall 2019 After School Program Registration Form

Child's Name _____ Grade _____

Parent/Guard. Name _____ Parent/Guard. Phone # _____

Emergency Contact (Required) _____ Emergency Contact Phone # _____

Allergies/Other Important Information _____

Please Select Program(s) Below (check box) and Enter Total:

- MONDAYS: Fun with Frank (Grades K-5) \$300.00
- TUESDAYS: Ceramics with Adam Ellyson (Grades 2-8) \$320.00
- THURSDAYS: Junior Producers with Darleen Hickok (Grades K-5) \$300.00
- FRIDAYS: Tennis w/Fairfield County Tennis (Grades K-3) \$325.00

FOR WEDNESDAY CHESS CLUB: Visit the following link for registration directly with Fairfield County Chess: <http://fairfieldcountychess.com/meadschool.html>

TOTAL _____

Parent/Guardian Signature _____

By signing this I acknowledge that I have the authority to do so and that I understand there will be no refunds whatsoever for absences or withdrawals. There will, however, be a full refund in the event that The Mead School, in its sole discretion, cancels any program for any reason (e.g. under enrollment). I give permission for any photographs taken of my child(ren) to be used in The Mead School's future marketing and promotional materials.

PAYMENT MUST BE RECEIVED BY SEPTEMBER 6, 2019

Registration form not accepted without payment. Mail registration form along with check (payable to The Mead School) to the address below -

**The Mead School, ATTN. After School Programs
1095 Riverbank Road, Stamford, CT 06903**

Below for Office Use Only

Check Number _____	Date _____
Check Amount _____	Approved By _____