

AFTERSCHOOL Art CLASSES





After School Art Classes at Sierra Elementary!

LAST SESSION OF THE SCHOOL YEAR

Session D: 4/4, 4/11, 4/18, 4/25, 5/2, 5/9, 5/16

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Class Details: Day of the week: Classroom:	Monday Room 18	Time: 1:35-2:35	pm		
Registration Form					
	Dream Enr	richment Classes 1820 Tribu	To register using this form, plate Rd, Suite F Sacramento CA r space is to register online at fi	A 95815	
Parent/Guardian:	Name:		Cell Phone:	Cell Phone:	
	Email Address:		Alternate Phone:	Alternate Phone:	
	Home Address:				
Child:	Name:		Birthdate:	Grade:	
	If Kinder: [] AM [] PM [] ALL DAY Room #:		My child normally attends	My child normally attends afterschool care: [] Yes [] No	
	After Firefly Art class my child will: [] Be picked up by a guardian from the Firefly Art room [] Walk home or be independently released to the parking lot [] Go to afterschool care				
nrollment Options					
[] Session D: 4	[] Instead of paying in	/ 2, 5/9, 5/16, \$105.00 full, I'd like to pay 2 payments.			
	I will pay half today and,	after my child's fourth class, will ho	ave the final half auto-charged to my	card.	
· ·		· · · · · · · · · · · · · · · · · · ·	ect for housing your child's Firefl our Firefly Art pride! Size (circ	y Art drawing creations! cle): Youth Small, Medium or Larg	
Permissions Waive					
By signing below I agree that I my card for the items I have a accident, injury or loss of perso attended classes) will be refund to remind my child to attended photo for display purposes by	have read, understand and acc equested, including an auto-ch onal items. I understand I am con ded minus a \$25 cancellation fe heir Firefly Art classes and to p Firefly Art, my child's school and	cept the information provided on this flye narged second payment if selected. I wa mmitting to and reserving a place in the c e. Discounts will be removed and free ite sick up my child from the designated cla- d/or School District.	er. If I have provided my credit card informative any right to claim against Firefly Art or designated session(s) above. If I cancel, the ms will be charged based on the current sessroom at the designated end time. I aut	ation below, I authorize Firefly Art to charge wners, staff and teachers in the event of an remainder of paid tuition (adjusted to reflect elling price. I understand it my responsibility horize the release of my child's artwork and	
Signature:		D	ate://		
Payment Options					
[] Visa [] Mastercard	d [] Discover [] Am	erican Express OR [] Check	(Attach, payable to "Firefly Art")	
Credit Card Number:			Exp:/ CVV	':	
Contact Us	916-419-7644	www.fireflyart.org	Fax: 1-866-665-4845		

Sierra Elementary