



**Winter Session Saturdays
Enrollment Form**

For Front Desk use only:

Paid in Full Date: _____

Receipt number: _____

Received by Carver Staff:

(Name)

- Arts and Crafts
- Basketball Skill Building
- Carver Time Explorers
- Chess for Kids
- Color Me Italian!
- Literacy & Numeracy Games
- Yoga? You? Yes!

Child's Name _____

Gender: Male or Female Age: _____

Parent's Name _____

Parent's Phone Number _____

Parent's Email Address _____

Does the child have any medical needs we must be aware of: Yes No

If yes, please explain.

Does the child have asthma? Yes No

Does the child use an inhaler? Yes No _____ I will send the child with the inhaler.

Does the child need an Epipen? Yes No _____ I will send the child with an Epipen.

I give permission for the following adult to pick up my child in case of emergency:

This adult can be reached at the following phone number:

Parent Signature _____ Date _____