

**Salem Preschool
Science Enrichment for Kindergartners and Preschoolers
STUDENT REGISTRATION FORM**

SEMESTER: #1 #2 #3 #4 #5

AM Session
9:30 - 11:30

PM Session
1:00 - 3:00

Child's Name: _____ Birth Date: _____

Parent/Guardian: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Address: _____

Email: _____

School Attending _____

Emergency Contact Information:
(if you can't be reached at the numbers above)

Name: _____

Phone: _____ Relationship: _____

Known allergies or other medical concerns: No _____ Yes _____

Explain: _____

Please let us know if your child has any food allergies – Salem is a Nut-Free School

Photographs may be taken during the course of the class that may be used on our webpage or in the newspaper. Do you give permission for your child to be photographed during the course?

Tell us anything special you'd like us to know about your child. (use the back of this page if you'd like)

_____ Yes _____ No

Signature of Parent/Guardian: _____

SESSION #1	SESSION #2	SESSION #3	SESSION #4	SESSION #5
Week 01 - 09/15	Week 07 - 10/27	Week 13 - 01/05	Week 19 - 02/16	Week 25 - 04/06
Week 02 - 09/22	Week 08 - 11/03	Week 14 - 01/12	Week 20 - 02/23	Week 26 - 04/13
Week 03 - 09/29	Week 09 - 11/10	Week 15 - 01/19	Week 21 - 03/02	Week 27 - 04/20
Week 04 - 10/ 6	Week 10 - 11/17	Week 16 - 01/26	Week 22 - 03/09	Week 28 - 04/27
Week 05 - 10/13	Week 11 - 12/01	Week 17 - 02/02	Week 23 - 03/16	Week 29 - 05/04
Week 06 - 10/20	Week 12 - 12/08	Week 18 - 02/09	Week 24 - 03/23	Week 30 - 05/11