



ENRICHMENT
EDUCATIONAL
EXPERIENCES

ENROLLMENT FORM

SCHOOL: _____

GRADE: _____
in September '09

PROGRAM YOU ARE APPLYING FOR:

- Early Morning Program 7-8AM Nestle /Serrania
 Kindergarten Enrichment
 After-School Enrichment
 5 DAYS 3 DAYS 2 DAYS 1 DAY CLASS ONLY

PLEASE INDICATE THE DAYS OF ENROLLMENT: (1, 2 or 3 DAYS OR CLASS ONLY): M T W Th. F

Child: _____ / /

First Name	Last Name	Date of Birth	Age
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Address: _____ ()

Street	City	Zip Code	Home Phone
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_____ () _____ ()

Parent/Guardian	Relationship	Work Phone	Cell Phone
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_____ () _____ ()

Parent/Guardian	Relationship	Work Phone	Cell Phone
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E-Mail Address: _____

Your e-mail address will only be used for sending information pertaining to the program, it will not be given out to any other party.

Are you a returning student to the E3 Program? YES NO

Are you applying for a permit? YES NO

PERSONS AUTHORIZED TO PICK UP CHILD OTHER THAN PARENT OR GUARDIAN

_____	_____	()
Name	Relationship	Daytime Telephone

_____	_____	()
Name	Relationship	Daytime Telephone

I hereby enroll my child in the Enrichment Educational Experiences/E³ program(s). I hereby expressly forever release and discharge, said programs, LAUSD, and all instructors, employees, agents, and consultants of Enrichment Educational Experiences/E³ of liability for any claim, demand, injury, expense, damage, action or cause of action arising out of or connected with the use of any of the services or facilities of said school, Enrichment Educational Experiences/E³, including those arising from acts of active or passive negligence on the part of instructors, employees, servants, or agents. I understand that there is no refund for absent days; monthly fees may not be pro-rated, and all fees include early dismissal days.

Signature: _____

Parent/Guardian	Date
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please make check payable to:
ENRICHMENT EDUCATIONAL EXPERIENCES OR E³
 P.O. Box 4447
 Valley Village, Ca. 91617

For Office Use Only: Student # _____ CK # _____ CK AMOUNT _____ DATE RECEIVED _____