



## After School Activities Registration Form

Registration begins January 8, 2020

w/ Carol Malo in Upper Library

Winter/Spring After School Activities program, second semester 2019-2020, is scheduled to run **January 13 – May 30, 2020**, with no activities or classes scheduled on conferences days, faculty professional days, or when the school is in recess. Please check our website at [antilles.vi](http://antilles.vi) for a school calendar.

Enrollment is on a first come, first serve basis based on the time of payment. Size is limited for some courses. Payment is due regardless of attendances. There are no refunds or discounts for missed classes.

Parents may pay in full or choose to pay in two installments, with the **first payment due on the date of registration**, and the **final payment due on or by May 1, 2020**.

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Name of School: \_\_\_\_\_ Waiver \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PH: \_\_\_\_\_

CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

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CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

**Sessions for piano: Parents must contact the instructor directly to schedule sessions.**

### PAYMENT INFORMATION

Payment #1 amount paid \$ \_\_\_\_\_ Date \_\_\_\_\_

Balance owed: \_\_\_\_\_ Date \_\_\_\_\_

**Indicate Payment method: (SUPPLY FEES ARE PAID DIRECTLY TO THE INSTRUCTOR.)**

Check#: \_\_\_\_\_ (checks payable to ANTILLES SCHOOL, INC) Cash \_\_\_\_\_

Credit Card: (Check One) MasterCard \_\_\_\_\_ or VISA \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CCV (three-digit number) \_\_\_\_\_

Name on Credit Card (please print): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**\*\* PLEASE indicate where your child will go before or following ASA class:**

Return to ELC Extended Day \_\_\_\_\_ Return to Lower School Library \_\_\_\_\_ Middle/Upper School Study Hall \_\_\_\_\_

Athletic Team Practice \_\_\_\_\_ Parent Pick-up \_\_\_\_\_ Other pick-up (provide name) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date