



## Extended Day Enrichment Program Enrollment Form – Winter 2019

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Student: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Name of Program (please circle all that apply): Karate - \$425   Barn Buddies - \$140   Piano - \$435  
Mad Science - \$160   Intro to Robotics/Robo Challenge - \$200

Total Program Fee(s): \$ \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Eligibility:**

Eligibility is based on grade level and varies from program to program. [See the enrichment program guide for specifics]

**Availability:**

Programs are filled on a first come – first served basis. Parents will be notified immediately if for any reason a student cannot be enrolled in a particular program. This may occur if 1) the program is at capacity, 2) the enrollment form was received after the due date, or 3) there is an outstanding balance due for other enrichment programs in which the student has already participated.

**Payment:**

Please make out a check for the amount due to “The Barrie School” and return it with this form to Dan Hayden or Sue Wentzel in the camp office (contact info is below). Payment is due by the second class.

**Cancellation:**

**After participation in the first week of the program tuition is non-refundable unless there is 1) a demonstrable medical condition preventing the Student from continuing in the program (requires written letter from the Student’s doctor) or 2) the Student has withdrawn from Barrie School.**

**Liability Waiver:**

I/We, the undersigned, parent(s) and/or guardian(s) of the child attending this class (the Student), hereby consent to the participation of the Student, in this program. If the Student should befall any injury entering, during, or leaving the class, I wish for the Program Instructor to take appropriate steps to immediately notify the parent or emergency contact listed above. In the event that the emergency contact is unreachable, I authorize the Program Instructor to take any and all necessary steps to obtain medical treatment for my Child. I/We further discharge and release the provider offering the program and its employees or Barrie School and its employees from any and all liability for injury, loss, damage, obligation, expense, or penalty sustained by the Student arising out of or in connection with the Student’s participation in the class.

My child, named on this registration form as the Student, is in good health, physically ready to participate in this program, and has my permission to do so.

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date

**Contact Information:**

**Dan Hayden 301-576-2818 dhayden@barrie.org; Sue Wentzel 301-576-2815 swentzel@barrie.org**