



CCNS Enrichment Enrollment Form

Please complete this form and return with payment to the office to secure placement.

CHILD'S NAME: _____ CLASS: _____

PARENT CONTACT INFORMATION: _____

Name/phone no. for person picking up the child on each day if other than parent:

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY _____

Mondays Cooking-Ms. Carolyn \$165 _____

Tuesdays Lunch & Play - CCNS Staff - \$70 _____

Wednesdays Yoga -Ms. Lini \$165 _____

Thursdays Lunch & Play - CCNS Staff - \$70 _____

TOTAL: _____

