



# 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 Sign Language - Ms. Lini - \$165 \_\_\_\_\_

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

Wednesdays Theater-Ms. Adele \$165 \_\_\_\_\_

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

TOTAL: \_\_\_\_\_

