

REGISTRATION

EXTENDED DAY PROGRAM

AFTER SCHOOL CLASSES AND CLUBS

FALL SESSION: September 13, 2010 – December 16, 2010

DATE: _____

STUDENT NAME: _____

GRADE: _____ LS ROOM: _____

PARENT/GUARDIAN
NAME(S): _____

IN EVENT OF CHANGE OR CANCELLATION OF EXTENDED DAY ACTIVITIES:

CONTACT: _____ E-MAIL: _____

ALTERNATE PERSON TO CALL IN AN EMERGENCY:

NAME: _____ PHONE: _____

Yes, my child rides the bus home from school, but will NOT on days registered for EDP classes.

I hereby authorize Metairie Park Country Day School to care for my child and secure medical attention for my child in the event that the school is unable to reach me. I understand that I am responsible for the total amount due, which includes a \$45 non-refundable deposit/registration fee with the remaining balance due the first day of my child's session.

SIGNATURE: _____

PROGRAM/CLASS REQUEST

Days on which our child will participate in EDP classes: Please circle desired class(es).

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

Pre-K - 5th Fairy Princess

Pre-K and K Story Time Fun

K - 5th Trading Spaces

K - 5th Cajun Crazyies

1st and 2nd Flag Football

K - 2nd Fun in French

1st - 4th Art

K - 8th Chess Club

2nd - 5th Junior Journalists

2nd - 4th After-School Players

3rd and 4th Flag Football

1st - 4th Radio Theater

6th - 8th Performing Arts

3rd - 5th Cultural Connection

3rd - 8th Website

3rd - 8th Practice Sessions

Please submit this form along with payment (checks made payable to MPCDS) to Brenda Yokum in the lower school office. Thank you!

