



# After School Art Classes at Loomis Basin Charter!

## Class Details

Day of the week: Monday

Time: 3:10-4:10pm

Classroom: TBD

Session B: 11/27, 12/4, 12/11, 1/8, 1/22, 1/29

Session C: 2/5, 2/26, 3/12, 3/19, 4/2

Session D: 4/9, 4/16, 4/30, 5/7, 5/14

## Registration Form

### Please do not return this form to the school office.

To register using this form, please mail directly to: Dream Enrichment Classes. 1820 Tribute Rd, Suite F Sacramento CA 95815

— The only way to immediately reserve **your space** is to register online at [dreamclasses.org](http://dreamclasses.org) —

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Alternate Phone (required): \_\_\_\_\_ *Alternate phone will be used when we cannot reach a parent on the main cell phone number.*

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Known Allergies or Medical Conditions: \_\_\_\_\_

Release Option:  Guardian pick-up from class  Staff escort to after school care  Independent release to parking lot or walk home

Does your child attend after school care?  Yes  No *Please choose "yes" even if your child only attends infrequently.*

KINDER QUESTIONS: If your child is a Kinder, is he/she:  AM  PM  ALL DAY and what is his/her room # ? \_\_\_\_\_

## Enrollment Options

### Winter Bundle

**Save \$20:** Includes registration for Sessions B, C and D

One payment of \$256, \$236

*Payment plans available online for no additional cost at:  
[www.dreamclasses.org/register](http://www.dreamclasses.org/register)*

### Session B Only

One payment of \$96

OR

Two payments of \$48

*50% due now, 50% auto-charged 30 days from start of session*

**Save \$20 when you register for Session B + C + D together!**

VISA  MC  DISCOVER  AMEX  Check Payable to "Dream Enrichment Classes" (No checks for payment plans, please)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please read our after school class policies at: [dreamclasses.org/policy](http://dreamclasses.org/policy) It includes such information as medical liability, photo release, transfers, cancelation fees, refunds and discipline. By signing below, you acknowledge that you have both read and understood all polices outlined in the aforementioned document, including that you waive any right to claim against Dream Enrichment owners, staff and teachers in the event of an accident, injury or loss of personal items. A copy of this policy document will also be available in your confirmation email. If you have provided your credit card information, you agree to let Dream Enrichment charge your card for the items you have requested.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Your registration will not be processed without both payment and signature. Please call 916-419-7644 if you have any questions.*

**Questions? Call 916-419-7644 or find us online at [www.dreamclasses.org](http://www.dreamclasses.org)**

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