



Afterschool Building Classes at Loomis Basin Charter School!

Class Details

Day of the week: Wednesday

Time: 3:10-4:20pm

Classroom: TBD

Session B: 11/29, 12/6, 12/13, 1/3, 1/10, 1/17, 1/24, 1/31

Session C: 2/7, 2/14, 2/21, 2/28, 3/7, 3/21, 4/4

Session D: 4/11, 4/18, 4/25, 5/2, 5/9, 5/16

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 —

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 ~~\$336~~, \$316

*Payment plans available online for no additional cost at:
www.dreamclasses.org/register*

Session B Only

☐ One payment of \$128

OR

☐ Two payments of \$64

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 It includes such information as medical liability, photo release, transfers, cancellation fees, refunds and discipline. By signing below, you acknowledge that you have both read and understood all policies 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

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