

Master's Hand Homeschool Enrichment Program Windsor

Please send via email or print and mail pages 1 & 2 including a \$75.00 registration fee (check made out to Master's Hand) to: Kathy Anderson, 1022 Indian Trail Drive, Windsor, CO 80550

Today's Date _____

Parents' Names _____

Address _____ City _____ Zip _____

Father's Cell Phone # _____ Mother's Cell Phone # _____

Parent's Main E-mail Address _____

If new, how did you hear about us? Website: _____ Friend: _____ Other: _____

NOTE: Please contact the teacher directly for prior approval if you would like to register your student in a class that does not exactly fit his/her age or grade.

	Student #1	Student #2	Student #3	Student #4
	Name _____ Birth Date _____ Age (in Sept.) _____ Grade (in Sept.) _____	Name _____ Birth Date _____ Age (in Sept.) _____ Grade (in Sept.) _____	Name _____ Birth Date _____ Age (in Sept.) _____ Grade (in Sept.) _____	Name _____ Birth Date _____ Age (in Sept.) _____ Grade (in Sept.) _____
9:00 AM Class Name				
10:00 AM Class Name				
11:00 AM Class Name				
Staying for Lunch?	Yes or No Circle one	Yes or No Circle one	Yes or No Circle one	Yes or No Circle one
12:30 PM Class Name				
1:30 PM Class Name				

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In case of an emergency, please contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Known Allergies or Learning Disabilities – List student 's name first _____

Please note any other information that would enable us to provide the best education and safety possible for your child/ren such as learning, sensory, mental health, physical, or behavioral issues _____

Individuals authorized to pick-up your child/children, other than a parent:

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Initial below. We have read, understand, and agree with the following Master's Hand statements/policies:

_____ Student Behavioral Expectations and Discipline Procedures

_____ Mission Statement

_____ Statement of Faith

_____ General Waiver of Liability

_____ Health Insurance Waiver

_____ PE Waiver

_____ **Pay the registration fee to Master's Hand** and pay materials fees and each month's tuition directly to each teacher on or before the first week of each month.

Parent's Signature _____ Date _____

Student's Signature/s _____
