Master's Hand Homeschool Enrichment Program Windsor

Please send form via email or print and mail or deliver page 1 and 2 including a $95.00 registration fee to Candice Anderson, 1022 Indian Trail Drive, Windsor, CO 80550
Registration fee: checks made out to Master's Hand or VENMO @mastershand

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 Name_____ Birth Date_____ Age (in Sept.)_____ Grade (in Sept.) _____	Student #2 Name_____ Birth Date_____ Age (in Sept.)_____ Grade (in Sept.) _____	Student #3 Name_____ Birth Date_____ Age (in Sept.)_____ Grade (in Sept.) _____	Student #4 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	Yes or No	Yes or No	Yes or No
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, list student 's name first
_____
_____
_____

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

_____ Pay the registration fee to Master's Hand,

_____Pay tuition directly to each teacher on or before the first week of each month.

General Waiver of Liability, Health Insurance Waiver and PE Waiver. Please list each child's name as well as each parent's name (required to cover possible subbing, classroom aid or other volunteer opportunities) and initial.

Name of Child/Adult	Initial	Name of Child/Adult	Initial	Name of Child/Adult	Initial

Parent's Signature_____ Date_____

Student's Signature/s_____

_____