

# Master's Hand Windsor Homeschool Enrichment Program

Please print and mail pages 1 and 2 and include 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 or Check one	Yes or No Circle or check one	Yes or No Circle or check one	Yes or No Circle or check 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 each item and provide full signatures below. We have read, understand, and agree to:

\_\_\_\_\_ Master's Hand Student Behavioral Expectations (see website)

\_\_\_\_\_ General Waiver of Liability (see website)

\_\_\_\_\_ Health Insurance Waiver (see website)

\_\_\_\_\_ PE Waiver of Liability (IF APPLICABLE - see website)

\_\_\_\_\_ **Pay the registration fee to Master's Hand** and agree to pay material's 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 \_\_\_\_\_

\_\_\_\_\_