

Registration Number _____

THURSDAY CONNECTION REGISTRATION FORM 2010-2011

FAMILY FORM

Family Name: _____ Mom: _____ Dad: _____

Address: _____ City _____ Zip _____

Phone: Home _____ Cell _____ Pager _____

E-Mail Address: _____ Emergency Contact: _____

Who is allowed to pick up your child/children? _____

Do we have permission to release your contact info to other Thursday Connection Families? _____

Please list the names of your children below:

Student name: _____

Student name: _____

Student name: _____

Student name: _____

Registration fee: \$40 per semester. Insurance is due with registration-\$5 per child per year. Parking Permit fee is \$5 to obtain permit. Returning families who already have a permit do not need to pay again. Make check for registration fee, insurance and parking permit (if required) payable to Thursday Connection. (This may all be in one check, just make a note on the memo.) **Make tuition/ materials fees payable to each teacher.** Pre-registration will be offered to those students currently enrolled. New family registrations will be accepted on a first-come, first-served basis.

Signature

Date

Check all that apply:

- _____ I am willing to give more than my 16 hours volunteer time to help TC, as needed
- _____ I am interested in teaching a class at TC.
- _____ I am interested in participating on a team that organizes and serves lunches at TC.
- _____ I am available as a substitute teacher and may be called to work for a teacher who is suddenly unavailable.
- _____ I am available to work the volunteer shifts of another parent at **\$8.00** per hour.
- _____ I am willing to donate money to TC toward a scholarship or a financially needy student's tuition.
- _____ I am interested in helping the Fund Raising Coordinator arrange events/projects.
- _____ Other (Please list) _____

BOARD MEMBER TAKING APPLICATION: PLEASE CHECK AND INITIAL

- _____ Financial Coordinator initial showing all previous fees have been paid.
- _____ Volunteer Hours signed off by volunteer coordinator or check attached for paid shifts.
- _____ Parent/Student Contract read/signed/attached.
- _____ All registration/insurance/tuition/materials fees collected.

DATE ACCEPTED _____