



Office Use Only

Day _____ Class _____

Enrollment Date _____

Cash, Check # _____

Amount _____

Wellshire PDO Registration 2019-2020

Student Information

Last Name _____ First Name _____ Birthdate _____ Sex _____

Parent / Guardian

Name _____ Relationship to Student _____

Address _____

Cell Phone _____ Home Phone _____

Email Address _____

Wellshire PDO will email the program's monthly newsletter and reminders to address provided.

Employer _____ Employment Address _____ Work Phone _____

Parent / Guardian

Name _____ Relationship to Student _____

Address _____

Cell Phone _____ Home Phone _____

Email Address _____

Wellshire PDO will email the program's monthly newsletter and reminders to address provided.

Employer _____ Employment Address _____ Work Phone _____

Tuition and Fees

The 2019-2020 school year runs September 3, 2019 through May 22, 2020. Class is held Monday-Friday from 9:30 to 1:30. Every day of the week's class meets 34 times during the school year. **Tuition is paid one month in advance.** October tuition is due on September 5, November tuition is due on October 5, etc.

- Individual student registration fee 2019-2020 —\$60
- Monthly 2019-2020 tuition- 1 day a week attendance \$140
2 day a week attendance \$280

The registration fee and September's tuition are paid by check or cash and are due at the time of enrollment along with this completed and signed form. The registration fee and September's tuition will NOT be refunded if your child drops out of the program at any time.

Emergency Authorization

If you, the parents, can not be reached, two people who can assume responsibility for your child in the event of an emergency .

1. Name _____ Relationship _____
Address _____ Phone _____

2. Name _____ Relationship _____
Address _____ Phone _____

Pick-up Authorization

Persons, if any, **other than parents**, authorized to pick this child up from Wellshire PDO.

1. Name _____ Relationship _____
Address _____ Phone _____

2. Name _____ Relationship _____
Address _____ Phone _____

Medical Information

Physician Name _____ Address _____ Phone _____
Hospital of Choice _____ Address _____ Phone _____
Dentist _____ Address _____ Phone _____

Does your child have any life-threatening allergies that require medication? NO/YES

If yes, please explain _____

Does your child have dietary restrictions, or any chronic health condition, or special need? NO / YES

If yes, please explain _____

Is you child current on his/her immunizations? NO / YES

A current copy of your child's immunizations and a general health form both signed by your child's physician are required by the State of Colorado to be in your child's file at Wellshire PDO before the start of school. If your child is NOT immunized, a parent signed immunization exemption form and a physician signed general health form are required by the State of Colorado to be in your child's file at Wellshire PDO before the start of school.

By signing below I, _____ acknowledge that I have read and understand the tuition policy on this registration form. The information provided on this form is true and correct. I, hereby agree that the school shall not be held liable for anything that may happen as a result of false or incomplete information given at the time of enrollment.

Signed by Parent or Legal Guardian _____ Date _____