



Washington School Foundation After-School Enrichment Financial Aid Request Form

Please fill out the form and turn in by the due date. All Financial Aid will be awarded before classes begin. **If your family qualifies for Free or Reduced Lunch you may be eligible for partial financial aid for one Enrichment class per year.** Please note: If your child has been awarded financial aid, you will be contacted BEFORE the class begins. Please DO NOT send your child to the first class if you have not been notified first. Please return your enrollment forms to the school office. Classes fill up quickly and enrollment is on a "first come, first served" basis. If you sign up for a class that is already full, your check will be returned. Please make checks payable to: Washington School Foundation, Inc. Thank you!

Student Name: _____ Teacher & Grade: _____

Parent/Guardian Name: _____

Phone: _____ Alternate Phone: _____

Email address: _____ Pick up method: _____

Monday Enrichment Class: _____ Class Cost: _____

Tuesday Enrichment Class: _____ Class Cost: _____

Wednesday Enrichment Class: _____ Class Cost: _____

Thursday Enrichment Class: _____ Class Cost: _____

Other Camp or Class: _____ Class Cost: _____

Total # of classes: _____ Total Amount for all Classes: _____

Financial Aid Amount Requested: _____

PARENT OR GUARDIAN MUST SIGN THE FOLLOWING WAIVER:

To the best of my knowledge, the child participating in the Washington Foundation After-School Enrichment Program has no known disabilities or medical problems that prohibit his/her participation in the program. I absolve the Washington School Foundation and all enrichment instructors from all responsibility for any illness or injury suffered or sustained during any Washington Foundation After-School Enrichment Program. I approve minor first aid by the staff of Washington School and request that I be called in the event of injury or illness. I give my permission for any and all medical attention necessary to be administered to my child until such time as I may be contacted.

Parent/Guardian Signature: _____ Date: _____