



## Friday Enrichment

### Registration Form 2025-2026

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

#### Emergency Contacts

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Food Allergies (if any):** \_\_\_\_\_

**Please note:** COHS staff may not administer medication to children.

I understand Friday Enrichment is ONLY being offered on Friday afternoons when school is in session.

I understand I must provide a packed lunch for my child to eat at school on these days.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**Date** \_\_\_\_\_