

WINCHESTER PUBLIC SCHOOLS

2018 SUMMER ENRICHMENT PROGRAM

Course Registration/ Sign Up

Please mail this form and check for payment in full to:

Winchester Public Schools

40 Samoset Road,

Winchester, Ma. 01890

Attn: Summer Enrichment

Please make check payable to: Winchester Public Schools

Course Registration: Please complete different form for each child.

Student Name: _____

Phone Number: _____ Email: _____

1. Course Name: _____

Course Date/Session _____ Fee: _____

2. Course Name: _____

Course Date/Session _____ Fee: _____

3. Course Name: _____

Course Date/Session _____ Fee: _____

Cancellations: Each class has a min/max number of students. If the minimum is not met, the class will be cancelled and parents promptly notified. **Refund will be issued. If possible write separate checks for each class (checks will not be cashed until classes are filled).**

Payment in full is required for enrollment.

Parent/Guardian Signature: _____

Parent/Guardian name (please print): _____