

**HUDSON ENRICHMENT PROGRAM
2018-2019**

Stem Program For Kindergarten and up

REGISTRATION FORM

All forms must be returned no later than one week prior to classes beginning

Name of Student _____ Classroom # _____

Phone Number _____

PLEASE CIRCLE AN ACTIVITY FOR THE A/S (AFTERSCHOOL) PROGRAM:

<u>Activity</u>	<u>Start Date</u>	<u>End Date</u>	<u>A/S fee</u>	<u>Not A/S Fee</u>
Maker Space Fri 3:15-4:15	Sept 21	Oct 5	\$60.00	\$75.00
Robotics Fri 3:15-4:15	Oct 12	Nov 2	\$60.00	\$75.00
Coding: Fri. 3:15-4:15	Nov 9	Nov 30	\$60.00	\$75.00

Please print form and bring into the front office or via email to: tmniesz@yahoo.com

CHECK ENCLOSED PAYABLE TO HCMS _____ (Please initial)

BILL MY ACCOUNT _____ (Please initial)

I hereby give my child, _____, permission to participate in the enrichment program held after regular school hours

To better communicate with the families enrolled in the “Enrichment” programs at Hudson. I will be sending out email blasts to keep you updated with cancellations, new classes, and available spots in classes.

Email 1

Email 2