

Bartlett Center
Youth Program Enrollment Form

Parent/ Guardian Name _____.

Address _____.

Contact Number _____.

Email Address _____.

Child's Name	Date of Birth & Age	Grade	School

Which days will your child attend the afterschool program?

Monday	Tuesday	Wednesday	Thursday	Friday

Please initial each statement

I understand that the price for my child to attend the Bartlett Center afterschool program is \$3/day or \$15/ week.	
I agree to pay for each day my child attends the BC afterschool program.	
I authorize my child to be photographed and/or videotaped at the BC for publication or advertising purposes.	

Parent/ guardian signature and date	
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