

WEST MARIETTA COOPERATIVE ENRICHMENT PROGRAMS

\$25 per child/per session

Child's Name and d/o/b: _____

Child's Name and d/o/b: _____

Parent's Name: _____

Address: _____

Email: _____

I'd like to join the following enrichment classes:

Grown-up and Me ages 3 and 4

Drop and Play ages 5-8

Preschool • Kindergarden • Enrichment

EMERGENCY MEDICAL AUTHORIZATION

Should my child suffer an injury or illness while in the care of West Marietta Cooperative and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Facility Administrator: _____ Date: _____

Child's Pediatrician _____ Phone # _____

My child has the following special needs: _____

Please return this registration form to enrichmentwmc@gmail.com.

** You will be invoiced once enrollment is confirmed