



# Mary Queen of Peace School Program and Activities Enrollment Form

Participant name: \_\_\_\_\_ **Session** (Circle what applies): **Fall/Winter/Spring**

**Type** (Circle all that apply): **Karate** - \$20.00 a session payable to Mary Queen of Peace

**Dance** - \$10.00 per class payable to Monique Satchell

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Grade** \_\_\_\_ **Campus/Teacher** \_\_\_\_\_ **Gender** M / F **Birth Date:**

My child should be dismissed and will: walk to/with \_\_\_\_\_ or ride with \_\_\_\_\_

Should he or she not show up when expected please contact me at \_\_\_\_\_

Other Programs/Activities you would like to see offered:

\_\_\_\_\_  
\_\_\_\_\_

**Do you require an accommodation for FOOD ALLERGIES, a disability or any limitation, to participate in this program?** \_\_\_\_\_

\_\_\_\_ **Please check here if you do NOT give permission for your child's photo to be used in MQP publicity, fliers, or civic and community presentations.**

Parent Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Emergency Phone \_\_\_\_\_

Occupation (optional) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent Type** (circle one)      Primary Parent      Additional Parent      Other

Circle (**at least one**) what applies! An adult family member is available to help:

- \_\_\_\_\_ 1) Monitor activities or present at meetings
- \_\_\_\_\_ 3) Working with fundraising, Room Mom or Office Help
- \_\_\_\_\_ 2) Chaperone students on weekdays or for special trips

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Karate forms go to office & Dance forms go to instructor.**