



**Abington Friends School  
Enrichment Course Registration Form  
2016 - 2017**

**Child Name:** \_\_\_\_\_

**Class/Grade:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_

**Day(s) of week:** \_\_\_\_\_ **Fee:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_

**Day(s) of week:** \_\_\_\_\_ **Fee:** \_\_\_\_\_

**Total Fees:** \_\_\_\_\_ **Check #** \_\_\_\_\_

Please make check payable to Abington Friends School

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Contact Phone(s): \_\_\_\_\_

Parent/Guardian Contact Email: \_\_\_\_\_

Pick Up Person \_\_\_\_\_ Relationship \_\_\_\_\_

Pick up Person \_\_\_\_\_ Relationship \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return this form with payment to the Lower School Office by Wednesday, January 18, 2017.