



# Afterschool Request Form

School: \_\_\_\_\_ Grade: \_\_\_\_\_ (School Year: 20\_\_-\_\_)

## Program Options

Afterschool Program		Hourly Aftercare			Enrichment Classes Only				
5 days	4 days	3 days	2 days	1 day	M	Tu	W	Th	F
Pick up time:		6:00pm	5:00pm						

Child Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Room: \_\_\_\_\_ Allergies: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Returning to the CDI Program? Y N

Primary Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell/Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

(Your e-mail address will only be used to send information regarding our program and will remain confidential)

Same Address as child

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Secondary Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell/Mobile: \_\_\_\_\_

I hereby enroll my child in the Coach Derek Inc. program(s). I hereby expressly forever release and discharge, said programs, LAUSD (or the school district of said school), and all instructors, employees, agents, and consultants of Coach Derek Inc. of liability for any claim, demand, injury, expense, damage, action or cause of action arising out of or connected with the use of any of the services or facilities of said school, Coach Derek Inc., including those arising from acts of active or passive negligence on the part of the instructors, employees, servants, or agents. I understand that there is no refund for absent days; monthly fees may not be pro-rated, and all fees include early dismissal days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Electronic registration is required to complete enrollment.

If paying by check, please make payable to Coach Derek Inc.

2711 N Sepulveda Blvd. Suite 211 • Manhattan Beach CA 90266 • Phone: 310-291-7870 • Fax: 424-289-8459

E-mail: coachderek afterschool@gmail.com • Site: www.coachderek.com/afterschool