

Office Use:
 ___ Registration
 ___ Payment Received
 Check # _____
 Cash _____
 Receipt _____



Kaleidoscope Registration Form for SEES Records

*****A registration form is required for each activity*****

Tuesday Activities	Thursday Activities	
<input type="checkbox"/> Oil Painting (6-8) \$90	<input type="checkbox"/> Watercolor for elem (1-5) \$70	<input type="checkbox"/> Mental Math (K-5) \$95
<input type="checkbox"/> Int. Table Tennis (3-5) \$65	<input type="checkbox"/> MS Table Tennis (6-8) \$65	<input type="checkbox"/> Bricks for Kidz(1-5) \$55
<input type="checkbox"/> Challenge Island (K-5) \$70	<input type="checkbox"/> Creative Writing (5-8) \$60	<input type="checkbox"/> Chess (1-5) BOTH T/TH \$119

Student Name: _____ Grade: _____

Homeroom Teacher: _____ Parent Name(s): _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Email: _____

Snack is provided. Food Allergies: _____

All Kaleidoscope Programs run from 3:10-4:10.

My child will: (Check One)

- Go to daycare at school at 4:10
- Be picked up by parent/guardian at 4:10
- Walk home at 4:10
- Other - _____

Payment Information:

- Vendors are paid directly from you. A portion of the activity fee goes back to SEES to support our activities and athletic programs.
- If paying with a check or cash, please include payment with this form in a sealed envelope % Kaleidoscope. See Kaleidoscope Session 2 document for check payable to information.
- If paying the vendor directly online, print and attach a receipt to this form and submit it to the front office in a sealed envelope.

Thank you for your participation and we look forward to having a great Winter Kaleidoscope.