



~Enrichment Classes for Homeschool Students~

Parent's name		DTPT Client?	YES / NO
Child's name	Age:	Birth date	/ /
Street address City, State & Zip			
Home Phone Number	Cell:		
Email Address			
Emergency Contact Name & Number	Relationship to child:		
Any known allergies			

- Spanish Classes on Mondays and Wednesdays**
Time: 1:30-3:30pm
Tuition Fee: \$200.00 a month for school year Curriculum Fee: \$120.00
- Art Classes on Tuesdays**
Time: 1:30-3:00pm
Tuition Fee: \$175.00 for 2 month session
- Math and Science Classes on Thursdays**
Time: 1:30-3:00pm
Tuition Fee: \$175.00 for 2 month session
- Cooking Classes on Fridays**
Time: 1:30-3:00pm
Tuition Fee: \$110 a month

EMERGENCY TREATMENT AUTHORIZATION

I, _____ hereby grant Daytime Playtime, its teachers or other employee or agent, authority to obtain emergency medical treatment for and on behalf of my child listed on this form. I authorize the providers of emergency medical care to take such steps as in their opinion are appropriate, considering the present state of medicine and in accordance with applicable standards of care.

Parent or Legal Guardian's Signature

Date