



Enrollment Form

Please fill out one enrollment form per family, and include one Medical Release form per person.

Student's First and Last Name: _____ Nickname: _____
 Gender (circle one): Male Female Date of Birth: _____ Age: _____
 Registering Parent/Guardian's Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Email: _____
 Phone: (H) _____ Cell: _____ Work: _____

I am enrolling for the following class(es):

- | | | | |
|--------------------------|------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> | Spring Homeschool | (circle one) Tues Wed Thurs Fri | \$160 reg fee + 16 classes tuition |
| <input type="checkbox"/> | Toddlers in the Garden | Monday or Wednesday | \$200/\$180 sib, 10 classes |
| <input type="checkbox"/> | Afternoon Adventures | Monday or Wednesday | \$300/\$280 sib, 10 classes |
| <input type="checkbox"/> | Adult Skills Campout | June Date _____ | \$ TBA |
| <input type="checkbox"/> | Plants & Tracks Family Hike | Saturday Date _____ | \$20 per family per class |
| <input type="checkbox"/> | Native Skills Camp | April 5-9 | \$225/\$205 sibling |
| <input type="checkbox"/> | Quail Springs Family Campout | May 7-9 | \$100/person, (age 3 & under free) |
| <input type="checkbox"/> | Journey After School Garden | Wednesday 12:30-2:30 | \$160/8 weeks or \$25 dropin |
| <input type="checkbox"/> | TMA After School Ecology | Thursday 2:30-3:30 | \$120 per child, 8 classes |
| <input type="checkbox"/> | Other _____ | | |

I will be paying with:

- Check (please enclose with this form - check payable to **Earthroots Field School**)
- Eagles Peak Charter School
- River Springs Charter School
- Sky Mountain Charter School
- Cash
- Paypal Online (send payment to: earthrootsoc@gmail.com)

Comments:

Please mail this form to **Earthroots Field School PO Box 504 Trabuco Canyon, CA 92678**
 or scan and email to: earthrootsoc@gmail.com
www.earthrootsfieldschool.org Questions? (949) 400-3340

-----Office Use Only-----

P/M Date _____ M/R Date _____
 Process Date _____
 Check # _____
 PO # _____