

St. James' Episcopal School
After School Math Program Registration
Session Two

Choose a session and return the registration form along with the applicable fees to the front office by **Wednesday, Dec. 15, 2010**. Please enclosed the form and check in an envelope with your child's name, date, and time clearly marked on the front of the envelope.

Checks should be made payable to St. James' School.

***Your child's participation will be confirmed once we receive the registration form and fee.**

Class Fee – Homework Support, \$250

Session Two – January 6 – March 24, 2011

(Check one)

___ **Grade 2, 3, or 4 - Mondays and Thursdays, 3:30 – 4:20 pm**
Begins Thursday, Jan. 6

___ **Grade 2, 3, or 4 – Tuesdays and Fridays, 3:30 – 4:20 pm**
Begins Friday, Jan. 7

___ **Grade 5 or 6 – Mondays and Thursdays, 4:30 – 5:20 pm**
Begins Thursday, Jan. 6

* If your selected time slot is not available, we will contact prior to the start of the session. A minimum of four (4) students is required to facilitate each time slot.

Student name: _____

Grade: _____

Parent Name: _____

Phone: _____

Address: _____

Email: _____

Parent Signature: _____ **Date:** _____

Facilitating a class that is financially accessible to our families is a priority. If you require further payment options, please contact Ms. Arrington.

Date received: _____ Payment received: _____ Initials: _____