

# BEYOND THE BOOKS EDUCATION

Friday Enrichment Program Enrollment  
Academic Year 2026–2027



BEYOND THE BOOKS

A Private Educational Program

# STUDENT INFORMATION

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Allergies / Medical Conditions:

Will medication be required during program hours?

Yes

No

If yes, a medication form must be completed.

Beyond the Books is not a peanut-free program.

Parent Initials: \_\_\_\_\_

## **FRIDAY ENRICHMENT SELECTION**

The Friday Enrichment Program is designed as a hands-on enrichment day including art, STEM, culinary activities, outdoor play, creative projects, and collaborative learning experiences.

This program is available to non-enrolled students based on availability.

Please select one option:

Half Day Friday

8:00 AM – 12:00 PM

\$40 per week

\$150 per month

Full Day Friday

8:00 AM – 2:00 PM

\$60 per week

\$200 per month

Commitment Option:

Weekly commitment

Monthly commitment

Payment is due in advance.

Monthly tuition is non-refundable once the month begins.

Weekly payments reserve space for that week only.

Friday enrollment does not guarantee placement in the full academic program.

## **PROGRAM AGREEMENT**

I understand that the Friday Enrichment Program is an optional enrichment day and is separate from the full academic program.

I understand that participation includes physical activity, outdoor play, enrichment projects, and group activities that involve inherent risk.

I voluntarily allow my child to participate and agree to release and hold harmless Beyond the Books Education, its owner, employees, and volunteers from liability for injury, illness, accident, or loss, except in cases of gross negligence.

I understand that Beyond the Books operates as a private educational program and is not a licensed childcare center.

I understand that space is limited and enrollment may be discontinued if program expectations are not met.

I understand that payment is required in advance to reserve my child's space.

## **MEDICAL AUTHORIZATION**

In the event of injury or emergency, I authorize staff to obtain medical treatment for my child if necessary.

I accept responsibility for any resulting expenses.

## **PHOTO PERMISSION**

- Permission granted for classroom photos
- Permission granted for private family sharing
- Permission granted for social media / website

## **SIGNATURE**

Student Name: \_\_\_\_\_

Parent / Guardian Printed Name: \_\_\_\_\_

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

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