

FRIENDS OF NESTLE  
AFTER SCHOOL ENRICHMENT PROGRAMS  
ENROLLMENT FORM

**CLASSES FILL UP FAST, SEND IN YOUR FORMS TODAY !!**  
**ENROLLMENT FORMS AND PAYMENT ARE DUE BEFORE CLASS STARTS**

Make checks payable to "Friends of Nestle" or you may pay by credit card through  
paypal by emailing us at FriendsOfNestle@gmail.com

NAME OF FIRST CHILD ENROLLING: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_ ROOM #: \_\_\_\_\_

CLASS NAME: \_\_\_\_\_ DAY: \_\_\_\_\_ AMT \$ \_\_\_\_\_

CLASS NAME: \_\_\_\_\_ DAY: \_\_\_\_\_ AMT \$ \_\_\_\_\_

CLASS NAME: \_\_\_\_\_ DAY: \_\_\_\_\_ AMT \$ \_\_\_\_\_

CLASS NAME: \_\_\_\_\_ DAY: \_\_\_\_\_ AMT \$ \_\_\_\_\_

TOTAL AMOUNT ATTACHED TO THIS FORM \$ \_\_\_\_\_

NAME OF PARENT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LIST ALL KNOWN FOOD ALLERGIES (if taking cooking class): \_\_\_\_\_

AFTER CLASS, MY CHILD WILL BE (YOU MUST CHECK ONE):

\_\_\_\_\_ MET BY PARENT/GUARDIAN (REQUIRED FOR ALL KINDERGARTEN STUDENTS)

\_\_\_\_\_ ENROLLED AT E3

\_\_\_\_\_ RELEASED TO THE Y3 PROGRAM (1-5 GRADERS ONLY)

NO ADDS OR DROPS AFTER SECOND CLASS. CHILDREN WHO DO NOT BEHAVE MAY BE  
DISMISSED FROM THE PROGRAM.

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

LOS ANGELES UNIFIED SCHOOL DISTRICT / FRIENDS OF NESTLE/  
NESTLE AVENUE PTA

Legal Notification/Hold Harmless Agreement

Those students who do not have a signed Hold Harmless Agreement on file may be excluded from attending the after school enrichment programs.

I, the undersigned, hereby release and discharge Nestle Avenue PTA, Los Angeles Unified School District, Friends of Nestle, and each of their officers, directors, members, agents, employees and volunteers (hereinafter referred to collectively as "District") from all liability arising out of or in conjunction with the after school enrichment programs.

I understand that the District provides no accident or medical coverage for students for the purposes of this agreement. I hereby waive all liability, including but not limited to, all claims, demands, losses, causes of action, suits or judgments or any and every kind that I, my heirs, executors, administrators, or assignees may have against the District, or that any other person or entity may have against the district due to any personal injury or illness or death, loss or any damage to property that results from any cause other than the gross negligence of the District.

I hereby affirm that I am able to read and understand English and this Hold Harmless Agreement is signed with my full knowledge of the meaning of same.

Parent Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

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