

Enrollment Form

Please fill out one Enrollment Form per family and include one Medical and Release Form per participant.

Full Name(s) of Each Participa	ant:	
Street Address:		
City.	State:	Zin:
Email:	Alternate (Spouse's	Zip:
Home Phone:	Cell:	Work:
How did you learn about Earth	roots? □I am an existing particesement □Friend □Other	cipant □Flyer/Brochure □Internet
I am enrolling for the following		
CLASS TITLE	DATES	FEE
	_	
o		
o	_	
☐ I want an Earthroots Tshirt! Circle preferred size: Toddle		\$20 each It (specify mens or womens) S, M, L, XL
I will be paying by: ☐ PayPal Online (send p ☐ Check (please enclose	usiness days prior to start date payment to: payments@earthroots e with this form - check payable to a Charter School (name of school)	sfieldschool.org) Earthroots Field School)
	agree to abide by the Earthrootions of each policy are availab	ots Absence, Refund, and General ole at the Earthroots website.
☐ Refund Policy: No refunction☐ General Payment Policy	formation.	the class start date. See our website for our place. Full payment is due by the first
Signature		Date
Please mail this form to Ea	or email to: info@earthrootsfiel www.earthrootsfieldschool.org	ox 504 • Trabuco Canyon, CA 92678 dschool.org g (949) 709-5777
Postmark date Payment verified Process date	,	