



Enrollment Form

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

Full Name(s) of Each Participant: _____

Parent or Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Alternate (Spouse's) Email: _____

Home Phone: _____ Cell: _____ Work: _____

How did you learn about Earthroots? I am an existing participant Flyer/Brochure Internet
 Advertisement Friend Other _____

I am enrolling for the following class(es):

CLASS TITLE	DATES	FEE
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

I want an Earthroots Tshirt! Organic Cotton \$20 each
Circle preferred size: Toddler 2, 4; Youth 6, 8, 10, 12, 14; Adult (specify mens or womens) S, M, L, XL

Payment and forms must be received in the office one week before class start date. There is a \$25 late fee for enrollment received less than 1 week before the class start date. No registration will be accepted less than 3 business days prior to start date of class.

I will be paying by:

- PayPal Online (send payment to: payments@earthrootsfieldschool.org)
- Check (please enclose with this form - check payable to **Earthroots Field School**)
- Purchase Order from a Charter School (name of school _____)
- Cash (paid to _____)

By initialing the boxes below, I agree to abide by the Earthroots Absence, Refund, and General Payment Policies. Full descriptions of each policy are available at the Earthroots website.

- Absence Policy: Missed classes are not excused from payment.
- Refund Policy: No refunds are given 7 days or less from the class start date. See our website for complete refund policy information.
- General Payment Policy: A deposit is required to hold your place. Full payment is due by the first class, unless you arrange a payment schedule in advance.

Signature _____ Date _____

Please mail this form to **Earthroots Field School • PO Box 504 • Trabuco Canyon, CA 92678**

or email to: info@earthrootsfieldschool.org

www.earthrootsfieldschool.org (949) 709-5777

-----office use only-----

Postmark date _____
Payment verified _____
Process date _____