



**PIONEER PLUS SPECIAL COURSES REGISTRATION FORM**

Please use one form per child; however, attach sibling forms together

Student Name: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone (best number(s) in case of emergency): \_\_\_\_\_

Does your child have any special needs or allergies? (Please circle) No      Yes

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please list the course(s) for which you are registering.

<b>COURSE</b>	<b>FEE</b>
	<b>\$120</b>
Sibling Care (\$10/day X 6 weeks = \$60)	
Sibling Care (\$10/day X 6 weeks = \$60)	
Plus registration fee (per first time registered child only)	\$25.00
(Registration fees occur 1x per school year)	
<b>TOTAL ENCLOSED</b>	\$

**Please make check payable to Pioneer Springs Community School and return with this registration form no later than Monday, March 27th to the office in Asbury.** Please note, special course fees are non-refundable. Any course with less than 8 children enrolled may be cancelled and a full refund would be issued to affected families. Families utilizing Pioneer PM care please contact Glenda Cheek at [glendac@pioneersprings.org](mailto:glendac@pioneersprings.org) to see if you are eligible for a discount.