

SWCFA Semester Enrollment Form

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2026 – 2027 School Year

\$20 Enrollment Fee Paid:

Family Name:

Are you a SWCFA Teacher?

☐ Yes

☐ No

List Classes Teaching:

1.

2.

3.

4.

5.

Do you co-teach or mentor?

☐ Yes

☐ No

List Positions:

1.

2.

3.

Child 1 Name:

Age:

Hour

Class Name

Teacher

1

2

3

4

5

6

Additional children listed on page 2.

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Child 2 Name: Age:

Hour	Class Name	Teacher
1		
2		
3		
4		
5		
6		

Child 3 Name: Age:

Hour	Class Name	Teacher
1		
2		
3		
4		
5		
6		

Child 4 Name: Age:

Hour	Class Name	Teacher
1		
2		
3		
4		
5		
6		

More kids? Additional papers available upon request.