

SUPPLEMENTAL PROGRAMS

SIGN-UP FORM

2023-2024



WILD ROOTS
HOLISTIC LEARNING CENTER

Student Name: _____

Place a check next to the program that you would like to enroll in

☐ **Pizza Friday (\$56 a month)**

☐ **Speech Therapy (*Please see admin for more information*)**

Parent's Name: _____

Parent's Signature: _____

Date: _____