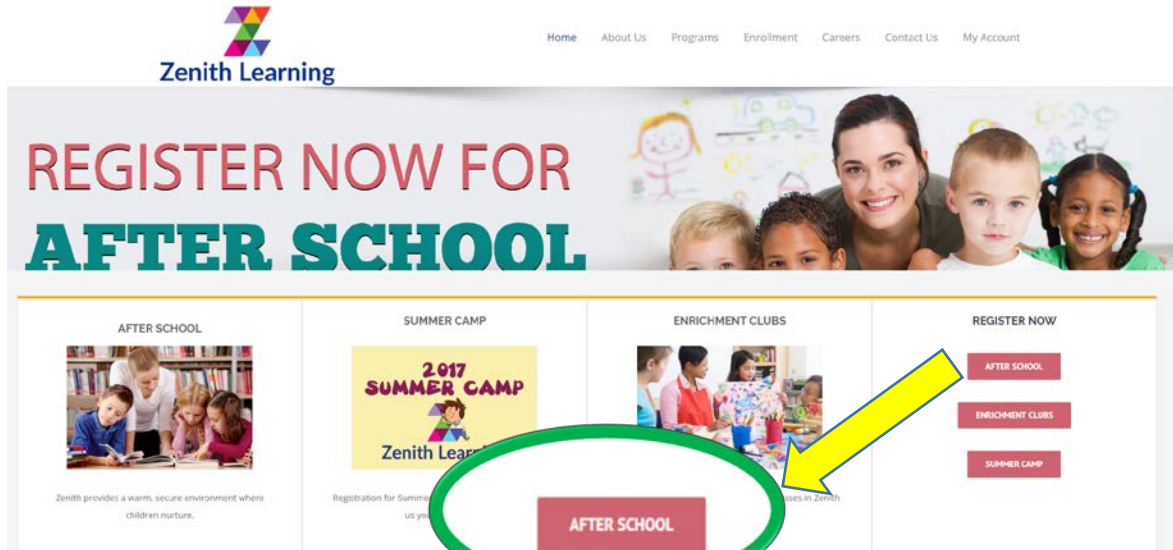
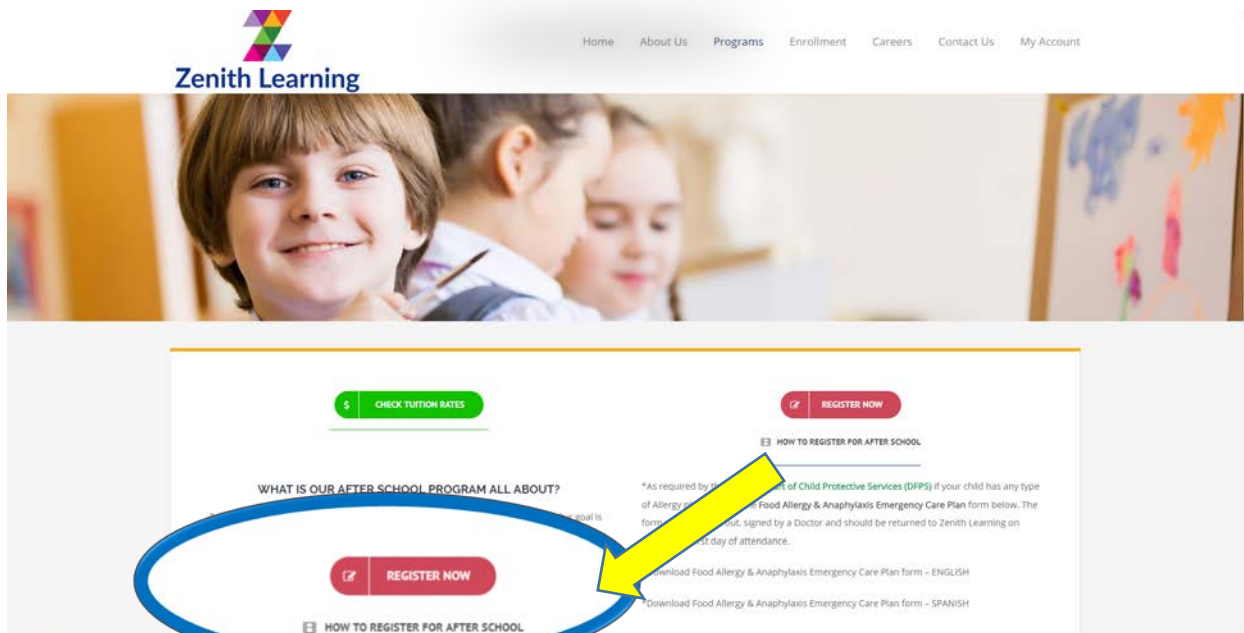


How to Register for Afterschool

1. GO TO <http://www.zenithlearning.org/>
2. CLICK ON “AFTER SCHOOL” UNDER REGISTER NOW



3. CLICK ON “REGISTER NOW”



4. FILL OUT FORM (Everything with a * in red are required fields)

Zenith Learning
Registration

Already a customer? [Click here to login.](#)

Welcome to Zenith Learning's After School Care Online Registration Page.

*Indicates required fields.

REFERRAL INFORMATION

How did you hear about us?

FAMILY INFORMATION

Family Last Name*

WHERE DO YOU LIVE?

Home Address*

4. CHOOSE SCHOOL BY LOOKING UP

The screenshot shows a web interface titled "Select A Class Below". At the top left, there is a magnifying glass icon. A yellow arrow points from this icon to a yellow callout box that contains the text: "CLICK ON THE MAGNIFYING GLASS TO LOOK UP SCHOOLS". Below the callout is a table of class listings with columns for Class Name, Location, Instructor, Session, Gender, Age, Open, City, Option, Dates, Days, Times, and Fee.

Class Name	Location	Instructor	Session	Gender	Age	Open	City	Option	Dates	Days	Times	Fee
Carillo Elementary at Dahlia St - Full Time	Carillo		2017-2018	Both		200	Houston / Sugar Land / Katy	Full Time	08/28/2017 - 06/01/2018	MTWThF	3:00pm-6:00pm	0.00
Crespo at Office City Dr - Full Time	Crespo		2017-2018	Both		200	Houston / Sugar Land / Katy	Full Time	08/28/2017 - 06/01/2018	MTWThF	3:00pm-6:00pm	0.00
Davila Elementary at Dahlia St - Full Time												
Gregg at Roxbury Rd - Full Time	Gregg											
HS Achievement at Kleith Harrow Blvd - Full Time	ZL-H13											
HS Achievement at Kleith Harrow Blvd - Part Time	ZL-H13											
HS Art and Technology at Kirby Dr - Full Time	ZL-H05											
HS Discovery at Barker Cypress Rd - Full Time	ZL-H09		2017-2018	Both		200	Houston / Sugar Land / Katy	Full Time	08/21/2017 - 05/31/2018	MTWThF	3:00pm-6:00pm	
HS Discovery at Barker Cypress Rd - Part Time	ZL-H09		2017-2018	Both		200	Houston / Sugar Land / Katy	Part Time	05/20/2017 - 05/20/2018	MTWThF	3:00pm-4:30pm	0.00
HS Endeavor at W Little York Rd - Full Time	ZL-H08		2017-2018	Both		200	Houston / Sugar Land / Katy	Full Time	08/21/2017 - 05/31/2018	MTWThF	3:00pm-6:00pm	

5. Use any filter to find school

The screenshot shows a "APPLY FILTERS" dialog box with a close button (X) in the top right corner. The dialog contains several filter categories, each with a dropdown menu:

- Class Name:** Search by class name
- Location:** All
- Session:** All
- Instructor:** All
- Day:** All
- Program:** All
- City:** All
- Option:** All

At the bottom of the dialog are three buttons: "APPLY" (highlighted in blue), "CANCEL", and "RESET".

6. CHOOSE SCHEDULE

When looking for a class, **CLICK** on the **SEARCH** icon at the top left corner of the screen, pick your school from **LOCATION**, then pick your program from **PROGRAM TYPE, CITY, & OPTION** to help filter the class you're looking for.

ENROLL IN CLASSES

HS Discovery at Barker Cypress Rd - After School - ZL-Hog

Select Schedule #1*

-- Select Schedule --
-- Select Schedule --
***Click from option(s) below:
After School 3.00pm - 6.00pm

CHOOSE YOUR SCHEDULE

ADD ANOTHER STUDENT

7. REQUIRED POLICY AGREEMENT (Read carefully and then click “I’ve read the above and agree”)

REQUIRED POLICIES AND AGREEMENTS

TRANSPORTATION
I hereby give my consent for my child to be transported and supervised by the operator's employees:
*For emergency care
*To walk home
 I've read the above and agree.

MEDIA/VIDEO RELEASE
I give you my child's permission to videotape/photograph/audiotape and/or allow the videotaping, photographing and audio taping of my child based on my response to:
To walk home
 I've read the above and agree.

ADMISSION REQUIREMENT
If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.
1. HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child(ren) within the past year and find that he/she is able to take part in the day care program.
2. A signed and dated copy of a health care professional's state is attached.
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.
 I've read the above and agree.

RECEIPT OF WRITTEN OPERATIONAL POLICIES
I acknowledge receipt of the program's operational policies, including those for student discipline and emergency procedures provided by the district/school and/or after-school program.
 I've read the above and agree.

8. Payment Information

ACCOUNT INFORMATION

Payment Option*


Installment Type*

- Under **Payment Option**, select:
 - **eCheck or Credit Card(Auto)** to be put on auto payment. Payments will be automatically redrawn from your account on the first day of every billing Cycle.
 - **Check/Money Order(Mail)** to pay manually. This option requires a month's deposit to be paid. Please read [Parent Agreement](#) for more.
- Then, select **Installment Type** to choose to pay **Monthly**. Payments are now on a Monthly basis. Please see [Parent Agreement](#) for more.

9. Payment Method

Please fill out ONE of the following Payment Methods

CREDIT CARD



Card Number Exp Month Exp Year Card Nickname

Name as it appears on card

Address Line 1

Address Line 2

City State Zip

ECHECK/BANK DRAFT

Bank Name Account Type

- If you choose to pay automatically, A **Credit Card** or **Bank Draft** must be provided before submitting the registration form

10. SUBMIT REGISTRATION