

K-12 COMMUNITY EDUCATION COURSES 2018-2019 School Year

Dear Parent or Guardian, Please complete this student information form for your child. Thank you.

Child's Last Name	First	Middle	Child's Student No.	Child's Birthdate
Parent/Guardian Last Name	First	Middle	Best Contact Number	Cell Phone Number
Emergency Contact AND PHONE NUMBER (other than parent/guardian)			Parent/Guardian Email Address	
()				
Person picking up your child from camp			Does your child have allergies?	Does your child have any medical conditions?

Fee-Based Program Enrollment Criteria:

For a child to be eligible to enroll in the Fee-Based Enrichment Program he/she must be:

1. Able to be independent in daily self-care needs.
2. No danger to him/herself or others.
3. Able to actively participate in large group activities with an adult/student ratio of 1 adult to 29 students.
4. Able to remain within the program location and under adult supervision without risk of elopement or wandering.

Parent Initial: _____

CAMP TITLE	Cost	Feb. 27, 2019 – May 08, 2019 Wednesday Only 3:45 p.m. – 5:00 p.m.
Running Club	\$65.00	

Please mark the box to indicate that you are registering your child.
Applications and payments will be accepted on a first come first serve basis.

Refund Information: A refund will be given only if the class is cancelled. Exceptions must be submitted to administrator. All information is true and correct to the best of my knowledge, and I understand the refund information as stated.

Parent Signature: _____ Date: _____

SCHOOL OFFICE USE ONLY

Site/School: _____

Tuition Total: **\$ 65.00** _____

Date: _____

Receipt No: _____

Amt. Paid:\$ _____