

## K-12 COMMUNITY EDUCATION COURSES 2019-2020 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	Aug 22 thru Oct 24 2019 Thursday 7:15 a.m. – 8:15 am	Aug 21 thru Oct 23 Wednesday 3:45 p.m. – 5:00 p.m.
Encore Dance	\$ 55.00		XXXXXXXX
Running Club	\$65.00	XXXXXXXXXX	

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: 3802/ Roland Park

Tuition Total: **\$ SEE ABOVE**

Date: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Amt. Paid: \$ \_\_\_\_\_