



Registration form

Child's Name: _____ Grade going into Fall 2018: _____

Birth date: _____ Age _____ Gender: Boy Girl

Sisters or Brothers enrolled in Summer School/MTRC (ONLY):

name _____ grade _____ name _____ grade _____

Home Address: _____

City _____ Zip Code _____

Phone Number: _____

School your child attends: _____ City: _____

Private _____ Public _____ Charter _____

Guardian/Father:

Guardian/Mother:

(All phone numbers must be current and working)

Name: _____

Name: _____

Work Phone: _____

Work: _____

Cell Number: _____

Cell Number: _____

Email Address: _____

Email Address: _____

In case of Emergency Please Contact the following if I am not available:

1. Name: _____ Relationship: _____

Phone Number: _____

2. Name: _____ Relationship: _____

Phone Number: _____

Allergies /Asthma / Physical Restrictions / Special Needs / Therapy? Yes _____ No _____

Please explain _____

Child's Doctor _____ Phone Number _____

• I allow my child to watch a PG or G Rated Movies- YES _____ NO _____

• I allow my child to have their photo taken during program Activities/Field Trips- YES _____ NO _____

**"NO CELL PHONES DURING SCHOOL HOURS. CELL PHONES MUST BE TURNED OFF AND INSIDE BACKPACKS AT ALL TIME"
- In case of an emergency call Summer Office**

I hereby give my child listed above permission to participate in the Summer School/ MTRC program at SPN.

Parent's Signature: _____ **Date:** _____

NO REFUNDS - NO EXCEPTIONS - NO SUBSTITUTIONS

Office Use ONLY:
Total Amount Paid _____ Paid on _____
Check # _____ Cash _____
Returning Students _____ New Student _____ Daycare: Yes No

Summer Program Dates: June 26 - July 27, 2018
Received By: _____
SUMMER PORTION \$50.00 + MTRC PORTION \$85.00 = \$135.00

NOTES/ADDITIONAL INFO: