

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

School Student will be attending in the Fall: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION**

Parents/Legal Guardians Names: \_\_\_\_\_

Include: E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR SUMMER WORKSHOP? PLEASE CHECK THE APPROPRIATE BOX:**

Field Trip

Current Student

Newspaper

Friend

Channel 22

Other \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

**FOR THE SAFETY OF YOUR CHILD, YOU ARE REQUIRED TO PARK AND COME IN TO THE LOBBY TO CHECK YOUR CHILD IN AND OUT EVERY DAY.**

**AUTHORIZED ADULTS TO PICK UP YOUR CHILD ARE:** \_\_\_\_\_

**PHOT I.D. WILL BE REQUIRED.**

**ATTENTION!!!! PLEASE NOTE THAT THERE IS A LATE FEE OF \$5.00 FOR EVERY 5 MINUTES YOUR CHILD IS HERE AFTER DISMISSAL TIME. By signing below, you acknowledge that you understand the charges involved in late pick up.**

\_\_\_\_\_  
Parent/Legal Guardian

**FOR OFFICE USE ONLY:**

**PAID IN FULL ON:** \_\_\_\_\_

**BALANCE DUE:** \_\_\_\_\_