

# 2009 Registration Form - Summer Fun

One registration form per child

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian's Names \_\_\_\_\_

Address (street, city, zip) \_\_\_\_\_

Home Numbers \_\_\_\_\_ Work Numbers \_\_\_\_\_

Email \_\_\_\_\_

Please list additional people authorized to pick up your child:

1) \_\_\_\_\_ Relationship \_\_\_\_\_

2) \_\_\_\_\_ Relationship \_\_\_\_\_

3) \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Class Title	Dates	Fees
1		
2		
3		
Before and after care	# of weeks _____ x cost/wk _____	
	Registration Fee	\$ 25.00
	Total fees for all classes	\$

Please list below additional information about your child:

Food allergies/sensitivities: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Health\* needs: \_\_\_\_\_

Academic needs: \_\_\_\_\_

Social or emotional needs: \_\_\_\_\_

Fears: \_\_\_\_\_

Does your child have an IEP? No \_\_\_\_\_ Yes \_\_\_\_\_

Emergency Contact Information

In the event of an emergency the following people have my permission to act on my behalf. In the event that the situation is life-threatening staff will seek emergency care and then contact you. In the event that you cannot be reached then the following person/people may act on your behalf:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

\*Immunization forms must be attached for students not currently registered at Mathzia School.

By signing this registration form, the parent/guardian is giving permission for the registered child to attend all field trips and/or other activities that remove the children from Mathzia School's campus. By signing this registration form, the parent/guardian is giving the registered child permission to be photographed while engaging in Mathzia School's summer activities. These photographs may be used for promotional purposes.

Full payment of your child's total program fees is required at the time of registration. Registration must be completed by Friday, May 30, 2008. Please make checks payable to Mathzia School. Mail to: Mathzia School, 2205 NW 67th St., Seattle, WA 98117.

Refunds are given when we must cancel a class. A class may be cancelled due to lack of enrollment. The decision to cancel a class due to lack of enrollment is made after Friday, May 30. Refunds are not given if and/or when a family's plans change and your child(ren) may no longer participate in our summer program.

The undersigned adult on behalf of themselves and their child agree to hold Mathzia School, its agents, employees and/or officials, while acting within the scope of their duties, harmless from all causes of actions, demands and claims, including the cost of their defense arising in favor of the child participant or third parties on account of personal injuries, death or damage to property arising out of activities on the premises and in any way connected with the activities of the child participant in Mathzia School's Summer Program except for those acts of commissions which are the sole negligence of Mathzia School, its agents, employees and/or officials.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_