

2015 Kilmer Elementary Enrichment Registration Form

Check only. Make checks payable to: Kilmer Elementary

\*Please print clearly

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Homeroom Teacher: \_\_\_\_\_ Room #: \_\_\_\_\_

Please check here if student attends Kids Adventure program : \_\_\_\_\_

Class Requested: \_\_\_\_\_ Cost: \_\$ \_\_\_\_\_

*If signing student up for more than one class or if multiple students in same class:*

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Homeroom Teacher: \_\_\_\_\_ Room #: \_\_\_\_\_

Please check here if student attends Kids Adventure program : \_\_\_\_\_

Class Requested: \_\_\_\_\_ Cost: \_\$ \_\_\_\_\_

PLEASE READ THE REFUND POLICY STATED IN THE INFORMATION/CLASS DESCRIPTIONS

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Name and relationship of person responsible for picking up student (if different than above):

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Release Statement: I certify that the above-named child has permission to participate in the Kilmer Enrichment Program. I hereby accept full responsibility for this participation and understand that a nurse will NOT be present. I waive and release any and all claims for damages against the sponsoring organization, their agents or representatives, for any and all injuries sustained while participating in the program. By my signature, I hereby acknowledge reading and understanding the implications of this claim. I also agree to comply with the guidelines in the parent information/class description sheet.

\_\_\_\_\_

Signature of Parent/Guardian