

SUMMERFEST PROGRAM 2020

For Office Use Only	
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Med form copied <input type="radio"/>	PART TIME <input type="radio"/> FULL TIME <input type="radio"/>

FAMILY INFORMATION

Student Name: _____
First Middle Last

Address: _____ City/State/Zip Code _____

DOB / /

Child is: Male Female

Grade Entering in Aug 2020

PARENT/GUARDIAN'S INFORMATION

Mother/Guardian's Name: _____

Mother's/Guardian Cell # / / (mandatory) work # / /

Mother/Guardian's Email Address _____

Mother/Guardian's Address _____
Full physical address if different than child's

Mother's Occupation _____ Consent to pick up

Marital Status: Married Single Divorced Widowed circle one

Father/Guardian's Name: _____

Father/Guardian's Email Address _____

Father's/Guardian Cell # / / (mandatory) work # / /

Father/Guardian's Address _____
Full physical address if different than child's

Father's/Guardian Occupation _____ Consent to pick up

Marital Status: Married Single Divorced Widowed circle one

EMERGENCY CONTACT & CONSENT TO PICK UP INFORMATION

Your child will only be released to the persons listed above and those authorized below. If the person below is also to be used as an emergency contact, please check the circle below.

Name _____ Contact # _____ Relation _____ Consent to pick up

Name _____ Contact # _____ Relation _____ Consent to pick up

Before a new student begins our program, an interview and meeting with our principal must be scheduled. Please call the office to set the appointment. Office # 501-225-0068