

K-12 COMMUNITY EDUCATION COURSES 2017-2018 School Year

Dear Parent or Guardian, Please complete this student information form for your child. Thank you.

Child's Last Name	First	Middle	Child's Student No.	Child's Birthdate
Guardian Last Name	First	Middle	Best Contact Number	Cell Phone Number
Emergency Contact (other than parent/guardian)			Emergency Contact Phone Number ()	
Person picking up your child from camp			Does your child have allergies?	Does your child have any medical conditions?

Fee-Based Program Enrollment Criteria:

For a child to be eligible to enroll in the Fee-Based Enrichment Program he/she must be:

1. Able to be independent in daily self-care needs.
2. No danger to him/herself or others.
3. Able to actively participate in large group activities with an adult/student ratio of 1 adult to 29 students.
4. Able to remain within the program location and under adult supervision without risk of elopement or wandering.

Parent Initial: _____

CAMP TITLE	Cost	June 04 – June 07, 2018	June 11 – June 14, 2018	June 18 – June 21, 2018
Young Naturalist 8:30 a.m. – 3:00p.m.	\$150.00		N/A	N/A
Wilderness 8:00 a.m. – 3:00 p.m.	\$150.00		N/A	N/A
Early Exploration (A.M.) 8:00 a.m. – 11:30 a.m.	\$75.00	N/A		N/A
Early Exploration (P.M.) 11:30 a.m. – 3:00 p.m.	\$75.00	N/A		N/A
Survival Camp 8:00 a.m. – 3:00 p.m.	\$150.00	N/A		N/A
Outdoor Skills 8:00 a.m. – 3:00 p.m.	\$175.00	N/A	N/A	

Please mark the box to indicate that you are registering your child. *Applications and payments will be accepted on a first come first serve basis.*

Refund Information: A refund will be given only if the class is cancelled. Exceptions must be submitted to administrator. All information is true and correct to the best of my knowledge, and I understand the refund information as stated.

Parent Signature: _____ Date: _____

E-mail: _____

SCHOOL OFFICE USE ONLY

Site/School: 3251/Nature's Classroom

Tuition Total: **\$ See Above**

Date: _____

Receipt No: _____

Amt. Paid:\$ _____