



FALL INTERSESSION 2017 REGISTRATION BARKSTALL AND KENWOOD

Student Name _____ Grade _____ School _____

Parent's Name _____

Address _____ Cell Phone _____

Home Phone _____ Work Phone _____ Email _____

Emergency Contact and Phone Number (if parent cannot be reached): _____

Please list any medical/special needs of child _____

Select # of weeks student will attend. Program is offered by the full week. Please mark below weeks student will attend. **Payment is due in full for each week selected.**

Week 1	September 18-September 22 Fall Holiday: Sept. 21—NO PROGRAM	\$108	
Week 2	September 25-September 29	\$135	
Week 3	October 2-October 6	\$135	

Special Event Permissions: I give my permission for my student to participate in the following activities: (please initial)

- _____ Tuesday, Sept. 19—Savoy 16 Theatre— Time TBA
- _____ Tuesday, Sept. 19—Popcorn at the Movie
- _____ Friday, Sept. 22—S'mores for Snack
- _____ Tuesday, Sept. 26—Old Orchard Bowling Lane—10-11:30 am
- _____ Friday, Sept. 29—Build Your Own Ice Cream Sundae
- _____ Thursday, Oct. 5—Curtis Orchard—10:30-12:30 pm
- _____ Friday, October 6—Pizza Party

_____ I understand that fieldtrips are an essential part of the program and as such, if my child is ineligible to participate or I do not give permission to participate, then **I will be responsible to pick up my child at least 15 minutes PRIOR to the scheduled trip departure time.**

_____ I understand my child will be participating in active and outdoor activities and as such, I understand that my child should come dressed appropriately. School uniforms are not required.

_____ I understand that Kids Plus is not responsible for lost, stolen, or broken personal items. I also understand that students will not be allowed to use/play electronic games, devices, music players other than selected times. **All such items must be kept in the backpacks at all times. PREFERABLY AT HOME at all times.**

Parent Signature: _____ **Date:** _____