



FALL INTERSESSION 2019 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 23-27	\$135	
Week 2	September 30-October 4	\$135	
Week 3	October 7-11	\$135	

Special Event Permissions: I give my permission for my student to participate in all activities, all scheduled field trips, and presentations (both off and on site), and viewing of G/PG movies while registered for 2019 Fall Intersession.

_____ 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. I understand that my child should come dressed appropriately. School uniforms are not required.

_____ I give permission for my child to view G and PG movies during the regular afterschool program, early dismissal days, and Days Out special programming. I understand that I will be notified in advance by site personnel when a movie rated PG is schedule for showing. I also understand that it is my responsibility to pick up my child if I do not give permission for him/her to view the scheduled movie.

_____ 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: _____

Office Use Only:

Payment amount & method: Check _____ Cash _____ CCRS _____

_____ Week(s): _____ Initials _____