



SPRING INTERSESSION 2019 REGISTRATION BARKSTALL AND KENWOOD

Student Name _____ Grade _____ School _____

Parent/Guardian'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	March 18-22	\$135	
Week 2	March 25-29	\$135	
Week 3	April 1-5	\$135	

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

- _____ Friday, March 19—Savoy 16 Theatre (Movie & Time TBA)
- _____ Friday, March 22— Ice Cream/Pop Sickles
- _____ Friday, March 23— Movie & Popcorn @ Barkstall (*Movie & Time TBA*)
- _____ March 25--29—Skate Time @ Barkstall (**See REQUIRED permission slip**)
- _____ Friday, March 29 —Inflatables/popcorn/cotton candy
- _____ Thursday, April 4—Elevate Trampoline Park—10-11 am (**See REQUIRED permission slip**)
- _____ Friday, April 5 —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 their backpacks at all times. PREFERABLY AT HOME at all times.**

Parent/Guardian Signature: _____

Date: _____

Office Use Only:

Payment amount & method: Check _____ Cash _____ CCRS _____
Week(s): _____ Initials _____