

Check No _____
Amount _____
(Official use only)

DISCOVERY 2011
February 28- April 15

REGISTRATION FORM
RETURN by February 14th

Please fill out one form for each student registering in the program. Children may register for one class every day Monday-Friday!!!!

Student Name _____

Address _____

Home Phone _____ Parent's Work Phone _____

Grade _____ Homeroom Teacher _____ Room# _____

Course Selections _____ Fee _____

_____ Fee _____

_____ Fee _____

If you can volunteer, please indicate availability _____

If Bowling, please indicate shoe size _____

Does the student have any physical limitations, allergies, or medical conditions of which we should be aware? _____

Emergency Phone# _____ Contact Name _____

_____ has my permission to stay after school.

(Student's name)

Authorized people that may pick up my child _____

My child will be picked up promptly at 3:30 p.m. (unless otherwise noted) in the classroom, or at Clifton Park Bowl at 3:45 p.m. .

Signature of Parent or Guardian

e-mail address