

Peace School 2009 Registration Form

Please print clearly

Adult's Name: _____

Relationship to Child: parent grandparent other _____

Mailing Address: _____

City: _____ ZIP: _____

Daytime Telephone: _____

Email Address: _____ (For Confirmation)

If adult is not child's parent, please provide parent information below:

Parent's name: _____

Telephone Numbers: _____

Address:

If reasonable attempts to reach me are unsuccessful,

_____ you may _____ you may not

transport my child to _____ hospital for treatment.

Parent's Signature: _____

Child's Name: _____

Age: _____ School Grade Completed: _____

Medications or Health Information:

(Enclose additional pages, if necessary.)

Child's Name: _____

Age: _____ School Grade Completed: _____

Medications or Health Information:

(Enclose additional pages, if necessary.)

Child's Name: _____

Age: _____ School Grade Completed: _____

Medications or Health Information:

(Enclose additional pages, if necessary.)

Does anyone in the family have any food allergies or restrictions? If so, please describe.

Will daycare be needed for a child that has not completed kindergarten?

The cost is \$10 per person or a discount for a family of three or more at \$25.

_____ Fee Enclosed _____ I will pay on the first day (August 1)

_____ Scholarship requested