

ALL INCOMPLETE FORMS WILL BE REJECTED

RASP Fall 2009 Registration Form

Deadline: Friday, September 18, 2009

Please print legibly

- 1. Please pay by check and make checks payable to: Runkle After School Program.
2. Please write your child's name and class on the check.
3. Use a separate form and check for each course.
4. Place this form and full payment in the Runkle After School Program registration box in the office by Friday, September 18 at 2:20 p.m.

Child's name _____ Grade/Teacher _____

Course _____ Day _____ Time _____

Scholarship Requested (y/n) _____ Amount enclosed _____

Child comes from RED: Yes _____ No _____

Parent/guardian _____

Address _____ Email _____

Telephone numbers: Days _____ Evenings _____

Please list someone to contact if you are unavailable:

Name _____ Phone _____

Child's Physician _____ Phone _____

In the event that my child _____ becomes ill or sustains injury while in a Runkle After School Program class, I hereby give permission to administer first aid for his/her relief. I also give permission to admit my child to any hospital for such emergency treatment as the attending licensed physician shall deem necessary to preserve his/her health. I, the undersigned, hereby waive all claims against any or all persons connected with the Runkle After School Program, for any injuries that my child may sustain during his/her participation in the program.

Date _____

Signed _____

ALL INCOMPLETE FORMS WILL BE REJECTED

RASP Fall 2009 Registration Form

Deadline: Friday, September 18, 2009

Please print legibly

- 1. Please pay by check and make checks payable to: Runkle After School Program.
2. Please write your child's name and class on the check.
3. Use a separate form and check for each course.
4. Place this form and full payment in the Runkle After School Program registration box in the office by Friday, September 18 at 2:20 p.m.

Child's name _____ Grade/Teacher _____

Course _____ Day _____ Time _____

Scholarship Requested (y/n) _____ Amount enclosed _____

Child comes from RED: Yes _____ No _____

Parent/guardian _____

Address _____ Email _____

Telephone numbers: Days _____ Evenings _____

Please list someone to contact if you are unavailable:

Name _____ Phone _____

Child's Physician _____ Phone _____

In the event that my child _____ becomes ill or sustains injury while in a Runkle After School Program class, I hereby give permission to administer first aid for his/her relief. I also give permission to admit my child to any hospital for such emergency treatment as the attending licensed physician shall deem necessary to preserve his/her health. I, the undersigned, hereby waive all claims against any or all persons connected with the Runkle After School Program, for any injuries that my child may sustain during his/her participation in the program.

Date _____

Signed _____