



Registration Form

1. Please enroll your child based on the grade level he/she just completed.
2. Please indicate your class selections on the back of the form by marking the box to the left of the class title.
3. Please write the class amount in the box to the right of the class(es) you are registering your child for.
4. When you are finished making your selections, please add up all of the fees and write the total amount in both the box at the bottom of the back page and in the orange box to the right.

5. Parent Authorization:

The West Des Moines Community Schools and its employees assume no liability for injury to any child during his/her participation in Community Education Summer Programs. The parent/guardian will be responsible for paying all costs and fees contingent on any emergency medical care and/or treatment of the child.

Parents Signature (required):**Return to:**

Community Education/WDMCSD
3550 Mills Civic Parkway
West Des Moines, IA 50265

Phone (515) 633-5001
Fax (515) 633-5099

<http://www.wdmcs.org/district/commed/>

Summer 2009 Registration Form	
Student's name _____	
Address _____	City, State _____ Zip _____
Parent/Guardian(s) _____	
Work Phone (father) _____	Work Phone (mother) _____
Home Phone _____	Cell Phone (mother/father) _____
E-mail Address _____	School attended (2008-09) _____
Teacher (2008-09) _____	Student Reading Level (2008-09) _____
Total of fees from the back \$ _____ <i>*Please make checks payable to Community Education.*</i>	
Method of Payment	
<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
Card No. _____ Exp. Date ____/____	
Emergency Information (Must be completed for registration to be processed.)	
Allergies/Medications (if any) _____	
Medications to be given during program _____	
Special needs of my child _____	

Emergency Contact: (please list two names and phone numbers)	
1. Name _____ Relationship _____	Phone number(s) _____
2. Name _____ Relationship _____	Phone number(s) _____
Doctor _____ Phones Number _____	
Hospital Preference _____	
Insurance carrier _____ Policy No. _____	
Photo Permission	
<input type="checkbox"/> I prefer my child NOT be photographed for future use in district publications website, or local media and newspapers. (No names will appear on website.)	

Student's Name _____

Grade Level Completed by June 2009 _____

SAIL		
Kindergarten		
8:45 AM		
<input checked="" type="checkbox"/>	Class Title	Fee
	Art, Music, Movement \$48	
	Chess \$12	
	Computer Adventures \$48	
9:50 AM		
	Mega Math \$48	
	Super Duper Science \$48	
10:55 AM		
	Adventures in Kind. \$48	
	Fun in the Sun \$48	
Grade 1		
8:45 AM		
	Chess \$12	
	Developmental Math \$48	
	Italian \$48	
	Reader's Theater \$48	
9:50 AM		
	Camp Adventures \$48	
	Creative Art Techniques \$48	
	Developmental Math \$48	
	French \$48	
10:55 AM		
	German \$48	
	Reading Success \$48	
	Technology Fun \$48	
Grade 2		
8:45 AM		
	Chess \$12	
	Challenge Math \$48	
	Italian \$48	
	Reader's Theater \$48	
9:50 AM		
	Camp Adventures \$48	
	Creative Art Techniques \$48	
	Developmental Math \$48	
	French \$48	
10:55 AM		
	German \$48	

	Reading Adventures \$48	
	Technology Fun \$48	
Grade 3		
8:45 AM		
	Chess \$12	
	Creative Art Techniques \$48	
	Italian \$48	
	Reading Strategies \$48	
9:50 AM		
	Camping Adventures \$48	
	Challenge Math \$48	
	Developmental Math \$48	
	French \$48	
10:55 AM		
	Creative Writing \$48	
	German \$48	
	Technology Fun \$48	
	Writing Strategies \$48	
Grade 4		
8:45 AM		
	Chess \$12	
	Creative Art Techniques \$48	
	Reading Strategies \$48	
9:50 AM		
	Challenge Math \$48	
	Developmental Math \$48	
	Technology Fun \$48	
10:55 AM		
	Creative Writing \$48	
	Group Games \$48	
	Writing Strategies \$48	
Grades 5-6		
8:45 AM		
	Chess \$12	
	Developmental Math \$48	
9:50 AM		
	Reading/Writing Strategies \$48	
	Technology Fun \$48	
10:55 AM		
	Creative Art Techniques \$48	
	Group Games \$48	

Cool Sciences		
<input checked="" type="checkbox"/>	Class Title	Fee
	Science for Grades 3-5 \$48	
YoUth Tech Inc.		
<input checked="" type="checkbox"/>	Class Title	Fee
	Animation \$160	
	Video Game Design \$180 (July 6-9, 2009)	
	Video Game Design \$180 (July 13-16, 2009)	
	Web Design \$160	
SAIL Afternoon Camp		
Code: ED04	\$10 per afternoon <input type="checkbox"/> 7/6 <input type="checkbox"/> 7/7 <input type="checkbox"/> 7/8 <input type="checkbox"/> 7/9 <input type="checkbox"/> 7/10 <input type="checkbox"/> 7/13 <input type="checkbox"/> 7/14 <input type="checkbox"/> 7/15 <input type="checkbox"/> 7/16 <input type="checkbox"/> 7/17 No. of time x \$10 = Fee	
SAIL Extended Day		
Code: ED01	\$6 per morning <input type="checkbox"/> 7/6 <input type="checkbox"/> 7/7 <input type="checkbox"/> 7/8 <input type="checkbox"/> 7/9 <input type="checkbox"/> 7/10 <input type="checkbox"/> 7/13 <input type="checkbox"/> 7/14 <input type="checkbox"/> 7/15 <input type="checkbox"/> 7/16 <input type="checkbox"/> 7/17 No. of time x \$6 = Fee	
Small Group Tutoring		
Grades 1-2		
<input checked="" type="checkbox"/>	Class Title	Fee
	Reading \$72	
	Math \$72	
Grades 3-4		
	Reading \$72	
	Math \$72	
Jump Start		
<input checked="" type="checkbox"/>	Class Title	Fee
	Jump Start Code: JS01 \$120	
Jump Start Extended Day		
Code: ED02	\$6 per morning <input type="checkbox"/> 7/27 <input type="checkbox"/> 7/28 <input type="checkbox"/> 7/29 <input type="checkbox"/> 7/30 <input type="checkbox"/> 7/31 No. of time x \$6 = Fee	
Code: ED03	\$6 per afternoon <input type="checkbox"/> 7/27 <input type="checkbox"/> 7/28 <input type="checkbox"/> 7/29 <input type="checkbox"/> 7/30 <input type="checkbox"/> 7/31 No. of time x \$6 = Fee	
Fee Grand Totals *Please write this amount in the orange box on the other side of this form.*		