

Safety Town Summer 2009 Mail-In Registration Form

Student's name		
Birthdate	Age	Sex M or F
Address	City, State	Zip
Parent/Guardian(s)		
Phone		Alternate Phone
E-mail Address		School Attending Fall 2009
<p>Permissions</p> <p><input type="checkbox"/> My Child has permission to ride a WDMCS bus to the West Des Moines police and fire departments during the Thursday class.</p> <p><input type="checkbox"/> I prefer my child NOT be photographed for use in district publications of the district website. Names will NOT appear on the web.</p>		
<p>Hold Harmless Agreement</p> <p><input type="checkbox"/> The West Des Moines Community Schools and it's 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.</p>		
<p>Session Preference</p> <p>1. Fill out ALL four choices by circling one per line.</p> <p>2. Be aware that often third and fourth choices are selected.</p> <p>3. Carpool and daycares must turn in registrations forms together.</p> <p>4. Registration forms must be turned in by 4:30 pm on April 27th. (April 20th for daycares)</p> <p>First 1 2 3 4 5 6 7 8</p> <p>Second 1 2 3 4 5 6 7 8</p> <p>Third 1 2 3 4 5 6 7 8</p> <p>Fourth 1 2 3 4 5 6 7 8</p>		
<p>Group Registration</p> <p>Daycare Name _____</p> <p>Address _____</p> <p>-----</p> <p>Carpool Group _____</p>		
<p>Health Information</p> <p>(allergies, medical conditions, health related needs)</p> <p>NOTE: We are unable to distribute any medications at Safety Town.</p>		
<p><input type="checkbox"/> My child attends Head Start or is a Project Shine student and lives within the WDMCSD boundaries. If so, send registrations only. No payment required.</p>		
<p>_____</p> <p>Parent/Guardian Signature</p>		