KidZone Registration Form ▪ Session One ▪ October–December 2011

To register for a GoLingo! language class, visit www.golingo.org/arlington_fall11.pdf. Registration for KidZone classes is on a first-come, first-served basis. You may enroll in a class at any school. Some classes will fill very quickly. Please register as soon as possible.

PLEASE PRINT CLEARLY

First Name _____ Last Name _____

Nickname _____ School _____ Grade _____

Street Address _____ ZIP _____

Home Phone _____ Email _____

Parent Name _____ Work Phone _____ Cell Phone _____

Parent Name _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____

Emergency Work Phone _____ Emergency Cell Phone _____

Name of Pick-Up Person _____ Contact Phone _____

CLASS CODE	TITLE OF CLASS	DAY & SCHOOL	PRICE

Are there special considerations we should know about so that your child will have a positive experience in their KidZone class? Please describe any special needs, including medical, emotional, behavioral and/or allergies that we should be aware of, and note that **no nurse is on duty during KidZone classes and staff have no access to medications, including EpiPens and inhalers:**

_____

_____

_____

_____

I/We, the parents/guardians of _____ a minor, hereby consent to his/her participation in the Arlington Community Education KidZone program, the taking of photos of my/our child and/or promotion of the program, and to his/her use of the Arlington Public Schools facilities and equipment. I/We further agree to release and hold harmless the Town of Arlington, Arlington Public Schools and the employees, agents and assigns from all liability or expenses arising out of any incident involving, or any account of any injury to the above named minor in connection with this program. I/We further consent to treatment by emergency personnel in the event of injury to, or illness of our child during his/her participation in this program. I/We accept full responsibility for all costs for any such emergency treatment. I/We agree to abide by APS policies.

Parent/Guardian Signature (required) _____ Date _____

TO REGISTER:

1. Pay by check—payable to Arlington Community Education (1 check per class)
2. Pay by charge—by mail, Arlington Community Education, 869 Mass. Ave., Arlington 02476 or fax, 781-316-3381

NO PHONE REGISTRATIONS WILL BE ACCEPTED!

The charge will appear as "Arlington Public Schools" on your credit card statement.

Make checks payable to: Arlington Community Ed, 869 Mass. Ave., Arlington, MA 02476 • 781.316.3568 • Fax 781.316.3381

Please charge the following credit card: ☐ VISA ☐ MasterCard Amount to charge: $_____

Account Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Exp. Date (Mo./Yr.) ☐☐/☐☐

Cardholder Name _____ Signature _____