



Youth (K-8) Registration Form

Child's Name _____ Child's Birthdate _____
 Address _____
 School _____ Grade _____
 Parent Name _____ Home Phone _____
 Cell _____ Email (required) _____
 Parent Name _____ Home Phone _____
 Cell _____ Email (required) _____
 Emergency Contact _____ Relationship _____
 Cell _____ Home Phone _____

I authorize my child to walk home alone My child should return to after-school program I will pick up my child.

CLASS CODE	CLASS TITLE	DAY & SCHOOL	FEE
Registration Fee			\$6.00
Donation to Scholarship Fund			
TOTAL			

Are there special considerations we should know about so that your child will have a positive experience in their class? Please describe any special needs, including medical, emotional, behavioral, and/or allergies that we should be aware of. **Note: there is no nurse on duty during classes and staff do not have access to medications.**

I/We, the parents/guardians of _____ a minor, hereby consent to his/her participation in the Arlington Community Education Youth program, the taking of photos of my/our child for promotion of the program via print and web, 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:

- Pay by Check:** Please make payable to "Arlington Community Education" and mail with this registration form to **Arlington Community Education**, 869 Mass. Ave., Arlington, MA 02476
- Pay by Charge:** at ArlingtonCommunityEd.org, by fax 781.316.3381, or by mail. Charge will appear on your credit card statement as "Arlington Community Education."
Sorry, no phone registrations accepted for youth programs.

Charge: VISA MasterCard Discover

Card # _____ Expiration Date _____ Security Code _____

Cardholder Signature _____