

Student Registration and Enrollment Procedures

Registration is on a first-come, first-serve basis. Most classes are limited to 15 students. These classes fill up fast; don't miss out! **Registration deadline is Sunday, May 3, 2015.** Please return paper registration to your school's main office. Notification of student registration and class schedule will be emailed no later than **May 28, 2015.** **SLA will take place from June 1st – June 5th.** **Course One will be from 8:30 – 10:00; Course Two from 10:15 – 11:45.**

Parents or caregivers wishing to enroll a child in the SLA should complete the attached registration form and bring the completed form along with the \$58 enrollment fee for two sessions or \$29 for one to your child's main office.

Please make checks payable to District 228: SLA. Enrollment fees will be refunded in full for courses dropped off by May 22, 2015. All requests for refunds must be made in writing to phelling@dist228.org and received prior to 3:00 P.M. on May 22, 2015. No refund will be given for withdrawing from the program after this date. Behavior problems, including verbal or physical conflicts with other students and/or staff will result in a student's dismissal from the SLA. Students dismissed due to behavior are not entitled to a refund of the enrollment fee.

Student's Name _____ Grade Level Fall 2015 _____

Parent/Guardian _____ Phone _____

Address _____

Email _____ Alternate Phone _____

Mark if appropriate:

Yes, my child can have his/her picture printed in the paper or on the Internet.

Parent Signature: _____ Date: _____

Directions for registration:

- Please read through the attached courses. Please note that some courses are restricted to certain age groups. The grades listed are for the grade students will be in during the 2015-16 school year.
- Please mark four classes the student would like to attend. Number the first choice #1, second choice #2, and third choice #3 and fourth choice #4. The student will be placed into 2 sessions.

COURSE	CHOICE #	COURSE	CHOICE #
Creative Competition		Ancient Arts (3 rd – 5 th)	
Drama, Drama, Drama		Be a Scientist	
Kids in the Kitchen (5 th -7 th)		It's a World of Weather	
The Million Dollar Project		Scrapbooking 101	
I want to be a Millionaire		Solar Power Challenge (5 th – 7 th)	
The Wonderful World of Hogwarts (4 th grade and up)			

Dear Parents/Guardians:

The well being of your child is our concern as they attend Summer Learning Adventure. In case of a medical emergency, hospitals will not treat minor age children without parental or guardian authorization. Please read and complete the Medical Treatment Authorization form below.

Please return this form, along with the registration form, by Monday, May 4th, 2014.

Student's Name _____ Birth Date _____

Allergies:

Existing Medical Condition:

Family Physician & Phone Number:

To Whom It May Concern:

I, the undersigned parent or guardian of _____, authorize school personnel to obtain emergency medical care for him/her in the event such care is necessary. Permission is hereby granted to the licensed physician or accredited hospital and their associates to treat the aforementioned minor child. I understand that every effort will be made to contact me prior to treatment unless it would be a life threatening situation.

Parent/Guardian Signature Relationship _____

Home Phone _____ Work Phone _____ Cell _____

Emergency Contact Person _____ Phone _____

Relationship

(other than yourself that can be reached during day)

