

ALL INCOMPLETE FORMS WILL BE REJECTED

## RASP Winter 2012 Registration Form

Deadline: Friday, January 13, 2012

Please print legibly

1. Please pay by check and make checks **payable to: Runkle After School Program**.
2. Please write your child's name and class on the check.
3. *Use a separate form and check for each course.*
4. Place this form and full payment in the Runkle After School Program registration box in the office by Friday, January 13, at 2:30 p.m.

Child's name \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Course \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Scholarship Requested (y/n) \_\_\_\_\_ Amount enclosed \_\_\_\_\_

Child comes from RED: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone numbers: Days \_\_\_\_\_ Evenings \_\_\_\_\_

Please list someone to contact if you are unavailable (contact information might be shared with the class instructor in case of an emergency):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

In the event that my child \_\_\_\_\_ becomes ill or sustains injury while in a Runkle After School Program class, I hereby give permission to administer first aid for his/her relief. I also give permission to admit my child to any hospital for such emergency treatment as the attending licensed physician shall deem necessary to preserve his/her health. I, the undersigned, hereby waive all claims against any or all persons connected with the Runkle After School Program, for any injuries that my child may sustain during his/her participation in the program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Comments: