



SPRING INTERSESSION

2017 REGISTRATION

BARKSTALL AND KENWOOD

Student Name _____ Grade _____ School _____

Parent's Name _____

Address _____ Cell Phone _____

Home Phone _____ Work Phone _____

Email _____

Emergency Contact and Phone Number (if parent cannot be reached): _____

Please list any medical/special needs of child _____

Select # of weeks student will attend. Program is offered by the full week. Please mark below weeks student will attend. **Payment is due in full for each week selected.**

Week 1	March 13-17	\$135	
Week 2	March 20-24	\$135	
Week 3	March 27-31	\$135	

Special Event Permissions: I give my permission for my student to participate in the following activities: (please initial)

_____ Friday, March 17—Champaign Public Library—10-11 am

_____ Friday, March 17—Ice Cream Sundaes—PM Snack

_____ Tuesday, March 21—Carmike Theatre with Popcorn (TBA)

_____ March 27-31—Skating at Barkstall **(See REQUIRED permission slip on back side)**

_____ Friday, March 31—Pizza Party Luncheon—12:00 noon

_____ I understand that fieldtrips are an essential part of the program and as such, if my child is ineligible to participate or I do not give permission to participate, then **I will be responsible to pick up my child at least 15 minutes PRIOR to the scheduled trip departure time.**

_____ I understand my child will be participating in active and outdoor activities and as such, I understand that my child should come dressed appropriately. **School uniforms are not required.**

_____ I understand that Kids Plus is not responsible for lost, stolen, or broken personal items. I also understand that students will not be allowed to use/play electronic games, devices, music players other than selected times. **All such items must be kept in their backpacks at all times. PREFERABLY AT HOME at all times.**

Parent Signature: _____

Date: _____

Office Use Only:

Payment amount & method: Check _____ Cash _____ CCRS _____
 # _____ Week(s): _____ Initials _____