

Jump Start Week - Registration Form Only

Morse Community School

Monday, September 8, 2014 – Friday, September 12, 2014

Child Name: _____ Age: _____

Name of school attending: _____ Date of birth: _____

Teacher Name: _____ Grade: _____ Room #: _____

Parent email address: _____ Male _____ or Female _____

Please Identify My Child As:

African-American	Caucasian	Hispanic
Haitian	Asian	Other:

Parent or Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Emergency Contact Name: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Does your child have any allergies or special concerns we should be aware of?

My child will be picked up by: _____

What is the relationship of the person picking up your child? _____

I give permission to the Morse Community School to take pictures and use photographic and video reproduction of my child for publicity purposes. ____Yes ____No

Parent Signature: x _____

Please check each day you are interested in

(Make check or money orders payable to Morse Community School)

***** Please include the child's name on the check – return check charge \$25.00*****

Mon. 8	Tues. 9	Wed. 10	Thurs. 11	Fri. 12	Total Days
\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	
Day 1	Day 2	Day 3	Day 4	Day 5	
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	-----
Save money and pay \$150.00 for the week or pay \$35.00 per day!					\$

For Program Use Only – Do Not Write In This Area

Check #	Amount Paid \$	Date:
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