



Racine Unified School District
SUMMER MUSIC PROGRAM at JERSTAD-AGERHOLM MIDDLE SCHOOL
Student Registration Form
Summer 2014



<p align="center"><u>Office Use Only</u></p> <p>Payment: \$ _____</p> <p>Check#: _____</p> <p>Date Received _____</p> <p>Initial _____</p>	<p>I am registering my child for the following class:</p> <p><input type="checkbox"/> Orchestra I – Session 1A 8:10am-9:10am</p> <p><input type="checkbox"/> Band I – Session 1B 9:25am-10:25am</p> <p><input type="checkbox"/> Band II – Session 2A 10:47am-11:47am</p> <p>*Fee is based on your child’s lunch status: \$50 (FULL LUNCH STATUS) \$25 (REDUCED LUNCH STATUS) FREE (FREE LUNCH STATUS) **Payment must be included with registration. Mail to: 3109 Mt. Pleasant St. Racine, WI 53404.</p>
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Student Last Name	First Name	Middle	Date of Birth	Age	Grade Level
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Parent/Guardian Information					
Parent Name	House #	Street	Apt.	City/State	Zip Code
Parent Name	House #	Street	Apt.	City/State	Zip Code

Emergency Contact Information					
Name	Relationship to Child	Home Phone	Other Phone	Pick up	Emergency contact
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Check box if **legal restrictions** are in effect. List person(s) not permitted to contact or pick up student per legal restrictions.

Name

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Current School Attending (Daytime) _____	Student Lives With (check 1) <input type="checkbox"/> Both Parents <input type="checkbox"/> Single Parent - father <input type="checkbox"/> Single Parent - mother <input type="checkbox"/> Guardian’s <input type="checkbox"/> Grandparents <input type="checkbox"/> Joint Custody <input type="checkbox"/> Foster Care <input type="checkbox"/> Other _____	Email Address _____
Photograph Consent I give consent to take my child’s photograph during program activities, to be used for education and public relations purposes. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Does your child have special needs or restrictions on activity? Y N *If yes, please explain; list any allergies, medications, diet, etc.*

Inhaler Epi Pen

Registration is not complete without signature



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***PLEASE READ CAREFULLY - -Must be completed by Parent/Guardian for participants 17 and under**

I hereby give permission for my child listed on this form to take part in the activities, which may include off-site events, academic assistance, continuing education and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the child and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of my child listed on the front, I will notify the CLC staff immediately. By checking off my child's lunch status, I agree voluntarily to release to RUSD the use of my child's free and reduced lunch information for the purpose of determining cost of the program. I further understand that all fees are non-refundable. I give my consent to the CLC program to share my child's records for purposes of educational support and assistance. In addition, I understand that the CLC may use my child's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program. I hereby certify that I have read and understand the above information:

Signed _____ Print Name _____ Date _____