

Woodland Summer Wonders 2008 Registration Form

Yes	No	
_____	_____	My child and I have read and discussed the Woodland School District #50 Parent & Student Handbook. I understand that if my child's behavior becomes such that it interrupts the learning process for themselves or others, my child will be removed from the Summer Wonders program for the rest of the session.
_____	_____	My child and I have read and understand the Internet Agreement form.
_____	_____	I give my permission for my child's name or photo to appear in school-related newsletters and local newspapers.
_____	_____	If I am unable to be contacted, I give permission for my child to be transported to the nearest medical facility and given emergency medical treatment.
_____	_____	I give my child permission to walk home.
_____	_____	I live within Woodland School District #50 boundaries.
Parent Signature _____		Date _____

Student Name: _____
Last First Middle Initial

Address: _____
Street City/State Zip

Grade level in 07-08: _____ Current Homeroom _____

Father: _____ Cell # _____

Home # _____ Work # _____

Mother: _____ Cell # _____

Home # _____ Work # _____

Credit Card payments will be processed on site during registration.

Please list, in order of preference, three classes for each period. During registration, your schedule will be built upon availability.

Period	Choice	Class Code	Class Title
1	1st		
	2nd		
	3rd		
2	1st		
	2nd		
	3rd		
3	1st		
	2nd		
	3rd		
4	1st		
	2nd		
	3rd		

Fees	
>District Resident	
\$70 x # of hours:	_____
>Non-District Resident	
\$80 x # of hours:	_____
>Transportation Fee:	_____
(\$27 each way for home/school transport)	
Total Fee:	_____
OFFICE USE ONLY	
Check #	_____