

Salem Preschool's Science Enrichment for Kindergartners & Preschoolers

Student Registration Form

SEMESTER:	#1	#2	#3	#4	#5
AM Session 9:30–11:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM Session 1:00–3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check the boxes for which semesters/times you are registering for.

Student's Name: _____ Birth Date: _____

Parent/Guardian: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Address: _____

Email Address: _____

Emergency Contact Information:
(If you can't be reached at the numbers above)

Name: _____

Phone: _____ Relationship: _____

Known allergies or other medical concerns: No Yes

Explain: _____

Please let us know if your child has any food allergies – Salem is a Nut-Free School

Photographs may be taken during the program and may be used on our website or in the newspaper. Do you give permission for your child to be photographed during the course?

Yes No

Signature of Parent/Guardian: _____

Tell us anything special you'd like us to know about your child. (Use the back of this page if you'd like.)

