

**Chelan Valley Independent School
2010-2011 Play Ed Program
ENROLLMENT INFORMATION**

STUDENT INFORMATION

Play Ed Schedule Selection:

Circle one: Noon until 5:00pm Noon until 3:00pm 3:00 until 5:00pm

Circle all that apply: Monday Tuesday Wednesday Thursday Friday

Child's Name _____ Nickname: _____

___Male___Female Grade:_____ Age:_____ School _____

Parent(s) Name _____

Home Address _____

Home Phone _____ Parent Cell Phone _____ Email _____

Local Emergency Contact: _____ Phone #: _____

Food Allergies: _____

AUTHORIZATION AND WAIVER

- I hereby certify that the above named individual is in good health and capable of participation in the Chelan Valley Independent School (CVIS) Play Ed Program
- I hold CVIS harmless for any damages or injuries sustained on any activities. In case of accident, CVIS has my authorization to secure, at my expense, such medical attention as is deemed necessary for the individual named on this form.
- I also authorize CVIS to use photographs, slides and/or videos of the person on this application as may be needed for its public relations programs.
- I also agree to a \$1 a minute late pickup or early dropoff fee.
- The Play Ed program staff will be available to meet you and your child. All children must be signed in and out by a parent/guardian/designated person each day.
- I understand and agree to the policies indicated above and hereby enroll my child into the CVIS Play Ed Program indicated on this form.

Parent/Guardian Signature: _____ Date _____