

REC & ED FALL 2018 REGISTRATION FORM

Please print and fill out Registration Form in its entirety.

CLASS/CAMP SELECTIONS	PARTICIPANT INFORMATION
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Class/Camp ID#	Class/Camp Title	Fee

First Name _____ Last Name _____
 Address _____ City _____ Zip _____
 Phone (____) _____ Email _____
 Birth Date _____ Gender M F Grade ____ School _____

SHIRT SIZE Child: S M L Adult: S M L XL 2XL

Registering a child for camp includes permission for that child to participate in camp field trips.

PHOTO POLICY I understand and agree that the Ann Arbor Public School's Rec & Ed Department may take pictures or videos of youth and adult participants in any Rec & Ed activity, including camps, classes, team sports, and childcare. Images may be used in Rec & Ed or school district promotional materials, (brochures, catalog, website, social media). For your safety, names will never be used. My (or my child's) enrollment in an activity with Rec & Ec indicates my approval. I may opt out by emailing dishman@a2schools.org.

Is your primary residence within the Ann Arbor Public School District? Yes No
 Change in address or phone for registrant since last registration? Yes No
 Change in address or phone for payor since last registration? Yes No

IF YOU ARE REGISTERING A YOUTH UNDER AGE 18, PLEASE COMPLETE ALL OF THE FOLLOWING QUESTIONS.

What Ann Arbor Elementary School is your child attending for the 2018/2019 school year? _____
 What grade will your child be in during the 2018/2019 school year? _____
 Is your child a "School of Choice" student? Yes No
 Does your child regularly take the bus home? Yes No If yes, please indicate bus route number: _____
 If your child is currently enrolled in the childcare program on the day of this class, will your child be returning to the childcare program after the class ends?
 Yes No
 Does your child have/carry an Epi Pen? Yes No Does your child carry an inhaler? Yes No
 Does your child have an IFSP, IEP or 504? Yes No (If yes, please provide a copy with your registration.)
 Does your child have any allergies or medical conditions? No Yes (Explain) _____
 Does your child require a teacher's assistant/one-on-one to participate? Yes No
 If yes, you must register 3 weeks in advance of class/activity. We may ask for a copy of your child's AAPS IFSP, IEP or 504.

Please list all adults who have permission to pick up your child from class. (If someone is not on this list, please send a note in advance giving that person permission to pick up your child. That person will need to show ID).

List an emergency contact person who can immediately pick your child up in case of an emergency:

_____ (____) _____
 Emergency Contact Name

 Parent/Guardian Signature

PAYOR INFO

(Person paying for class(es) activities)

First Name _____ Last Name _____
 Address _____
Street City State Zip
 Home Phone (____) _____ Work Phone (____) _____
 Email _____ Birth Date _____ Gender M F

Payment Method: Check Credit Card Scholarship ID# Credit on Rec & Ed Account

CREDIT CARDS

Please complete entire section

Name (exactly as it appears on the card) _____
 VISA MasterCard Am Express (Sorry we cannot accept debit cards at this time) Total Fee (Required) \$ _____
 Card # _____ Exp. Date _____ CVV# _____
 Cardholder Signature (Required) _____

1

Make check payable to:

AAPS (Ann Arbor Public School(s)). Do not send cash.

2

Include payment:

Credit from Rec & Ed account:
 \$ _____
 \$1 donation to the Rec & Ed Scholarship Fund
 Amount Paid: \$ _____

3

Mail entire form to:

Rec & Ed Fall 2018
 1515 S. Seventh St.
 Ann Arbor, MI 48103