

Parents must notify child's teacher of his/her E.T. KidZone schedule.



KINDERGARTEN

E.T. KidZone

2011-2012 REGISTRATION FORM

Start Date _____

1. Child's Name (last) _____ (first) _____ M or F (circle one)

School _____ Entering Grade _____ Date of Birth ____/____/____

Circle DAYS ATTENDING: Mornings: (7:00-12:25) M T W Th F Afternoons: (11:20-6:00) M T W Th F

2. Child's Name (last) _____ (first) _____ M or F (circle one)

School _____ Entering Grade _____ Date of Birth ____/____/____

Circle DAYS ATTENDING: Mornings: (7:00-12:25) M T W Th F Afternoons: (11:20-6:00) M T W Th F

Mother/Guardian Name _____ Cell Phone (____) _____

Work Phone (____) _____

Father/Guardian Name _____ Cell Phone (____) _____

Work Phone (____) _____

Home Address _____
Number Street City Zip Code

Home Phone (____) _____ E-Mail _____

Do you need assistance or accommodations to participate in this program? NO YES
(If yes, please contact Erica Hedlund, Program Manger at 847.639.6100 ext. 117)

Bills will only be sent to ONE parent/guardian address.

Name to whom bills are to be sent _____

Address, if different than home address _____

Parents/legal guardians authorized to change child's E.T. KidZone schedule Mother Father Both

Registration is complete when the Cary Park District receives the first anticipated payment along with the following signed forms:
1. registration form, 2. emergency card for each child, 3. program waiver and 4. discipline guidelines.

Fee inquiry, schedule alterations and billing questions contact, Jan Hyde at (847) 639-6100, ext. 108. Questions regarding E.T. program contact, Erica Hedlund at (847) 639-6100 ext. 117. Visit the website: www.carypark.com.

Office use only:

Date ____/____/____ Fees Paid \$ _____ Check # _____ Credit Card _____ CPD Registration No. _____

Emergency Card(s) _____ Program Waiver _____ Discipline Guidelines _____ Parent Manual _____ Taken By _____