

Bloom-Vernon Elementary
Academic Enrichment
Registration Form

I would like for my child to attend the Bloom-Vernon Elementary Academic Enrichment Program for the 2006-2007 school year.

Child's name _____ Grade _____

Parent/Guardian Name _____

Phone number _____

Street address (911 address) _____

Mailing address _____

Parent Signature _____

Please list people to call in case a parental contact is necessary, such as a medical emergency, Academic Enrichment is cancelled due to unforeseen reasons, etc. We will call the contacts in the order you list them.

Name _____ Phone _____

Address _____

Relationship to Child _____

Name _____ Phone _____

Address _____

Relationship to Child _____

Name _____ Phone _____

Address _____

Relationship to Child _____