



# REGISTRATION FORM

(One Registration per Student)



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

School Attending: North  Gannett Peak  Baldwin Creek  Other: \_\_\_\_\_

## Power Hour and Enrichment Schedule

Check ALL days that apply	MON	TUES	WED	THUR	FRI
EARLY BIRD:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EARLY BIRD CHESS: (NORTH ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWER HOUR:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENRICHMENT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### EVERYTHING MUST BE COMPLETED & PRINTED CLEARLY

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email (please complete so you can be contacted via email): \_\_\_\_\_

Local Emergency Contact: \_\_\_\_\_ Local Emergency #: \_\_\_\_\_

Limitations, special needs, accommodations, allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

List all persons AUTHORIZED to pick up your child \_\_\_\_\_

Persons NOT AUTHORIZED to pick up your child \_\_\_\_\_

Was your child referred to the program?

Yes  No

May we photograph and/or video tape your child during Lights On activities

Yes  No

Would you be interested in sitting on our Advisory Council?

Yes  No

Will your child need a late pick up (between 5:30 and 6:00pm)?

Yes  No

I hereby authorize Fremont County School District #1 to release pertinent information (i.e., Emergency Information, Health Information & Personal Information) regarding the above named student(s) to Lights On in Lander personnel as needed. I also authorize officials to take whatever action is deemed necessary in their judgment for the health of my child. I will not hold them financially responsible for the emergency care and/or transportation of my child.

MY CHILD QUALIFIES FOR THE FEDERAL LUNCH PROGRAM:  Yes  No

IF YOUR CHILD IS ON AN IEP, MAY WE ACCESS THAT INFORMATION FOR INDIVIDUAL PLANNING PURPOSES?  Yes  No  N/A

IF YES, MAY WE BE A PART OF THE IEP TEAM?  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Bus drop off to:**  Hudson Town Park  
 Kidz, Inc.

Wyoming Indian Elementary  
 School of Origin

ALCO Parking Lot  
 Not Applicable