

Enrollment Form, Summer 2017 Please print legibly

Tioddo printiogibly			
Child's Name		Date	
Home Address (Street)			
City	State Zip _		
Home Phone	Date of Birth	Age	Gender
Student's School			
Mother's Name		Work Phone	
Cell Phone	Email		
Father's Name		Work Phone _	
Cell Phone	Email		
Please indicate on the follow following and sign below.	ring pages the Summer Workshops you cl	hild will attend. Add	ditionally, please note the
on the attached form, at refundable deposit of \$1 will be refunded if, and o payment is due on the M that. There will be a \$5. Tuesday prior to the wee	to Mountain SOL's Summer workshops, I the rate indicated. In order to reserve my 60 or 50% of total workshop fees (whiche only if, someone from the waitlist takes my londay prior to the week of service or may 00 per business day late fee penalty for a ek service is provided. Y 20, 2017, you are financially responsituation of the concell, if you need to cancel, if	y child's place, I have ver is less) by May y child's place. I un y be paid in full at a ny payments not resible for the weeks	ve enclosed a non- 20, 2017. The deposit derstand that full ny point in time prior to eceived by 5:00pm you have indicated on
another child can take		un payment wiii b	e warved ii, and only ii,
 Mountain SOL will kee 	p enrollment open for all workshops u	ntil filled.	
video/audio recordings,	n for my child to be included in evaluation connected with the summer workshop propermit your child to be in photos and videos NOT grant permission for your child to a	ogram. s, <u>but not the use of</u>	f his/her name.
prior to attending sum ☐ Check here if your c your child's Emergency	ed emergency form & immunization red mer workshops (see Emergency Conta hild is attending MLA Summer Camps AN Contact Info and Immunization Record wi	ict form for addition ID you grant permise th Mountain SOL.	onal details) ssion for MLA to share If you do not grant this
	ubmit Mountain SOL's Emergency Contac		nmunization record
Parent/Guardian		DATE	

Mail all pages and Deposit to: Liz Wiles, Mountain SOL School 66 Eddy Rd Morgantown, WV 26501 Questions? Email or Call Liz Wiles, PR & Operations Mgr liz@auroralights.org 206-795-0701