

REGISTRATION FORM – 2015

DATE: _____

PARENT(S) NAME: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

CHILDREN

NAME	AGE	GRADE	SPECIAL ATTENTION/ALLERGIES

DISCLAIMER:

1) I understand that Clouds requires one parent/guardian to remain present at Clouds in case of an emergency. 2) I give permission to use any photographs that include my child in promotional material for Clouds. 3) I give permission for my child to go outside the building for supervised classroom time when appropriate. (There will be a minimum of 2 adults per class.) 4) I understand that although Clouds makes every effort to protect children with food allergies from unexpected contact we view this as a joint responsibility with the parent.

Initials: _____

Please note: Annual cost for this program is \$1,000 per student, this includes staff, supplies, rent and core support.

If you are visiting we welcome you and hope that you and your children have a positive experience.

Base fee: \$45 per child/semester

I am a visitor **Dana** _____

Paid \$45

Credit Card number: _____ exp date: _____

Name on card: _____

No one will be refused participation due to inability to pay. If it would be a hardship for you to pay the listed price, we will accept whatever price you are willing and able to pay. Volunteer work in lieu of payment, or payment plans are also accepted. Please contact the info@cloudsinwater.org for more information.