

Last Name

First Name

Today's Date _____ - _____ - 2010
Month Day

Westport Continuing Education "Summer Discoveries" 2010 Registration Form

REGISTER ONLINE
www.westportcontinuinged.com

MAIL
Westport Summer School
70 North Avenue
Westport, CT 06880

IN PERSON
Staples High School
70 North Ave., Rm. 1040
Westport, CT 06880

PHONE
341-1209
FAX
341-1218

Permanent Address
No. Street City State Zip

Summer Address
No. Street City State Zip

Phone: Work _____ Home _____ Cell _____ Email address _____



Registrants in Grades Pre K-12 Complete This Section



Entering Grade _____ Fall 2010 Date of Birth _____ Age _____ School _____

Names of Parents or Guardians _____
(and address, if different)

Emergency Contact Person _____
(Must be available during program hours) Name Phone Relationship to child

List Health Problems _____ **Allergies** _____ **Medications** _____

Child's Doctor's Name _____ **Phone** _____

In the event of a medical emergency as determined by the school nurse or other responsible staff member it is the policy of the Westport Board of Education to dial 911 immediately to obtain emergency medical services and/or transport to the nearest approved medical facility. School personnel will then attempt to reach you and/or the child's doctor at the number(s) indicated by you on this form. Your child will receive medical care and treatment necessary to sustain life and/or stabilize his/her condition as determined by the medical facility. Any further treatment must be authorized specifically by you or the person(s) designated by you.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

REGISTRATION CONTINUED ON THE BACK OF THIS PAGE

Westport Continuing Education "Summer Discoveries" 2010

Registration Form
This Page for Office Use ONLY

R#
Amount
Date
R#
Amount
Date

Last Name	First Name
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Westport Continuing Education Summer 2010 (Registration Form con't)

REQUIRED SIGNATURE FOR HIGH SCHOOL CREDIT COURSE: Acceleration _____ Make-Up _____ Grade _____

Counselor _____ Principal/Dept. Head _____ Date _____

Course No.	Course Title	Start Date	Time	Location	Fee

Make checks payable to:

Westport Continuing Education
70 North Avenue
Westport, CT 06880

PAYMENT BY: CHECK _____ CHECK # _____



OR



Acct # _____

Exp. Date _____ AVS _____ Print Name on card _____

*Registration fee payable once for summer session.
*No registration fee for High School Credit Courses.
*No registration fee for online registrations.

Total for Courses \$ _____
*Registration Fee \$10 \$ _____
TOTAL \$ _____

REFUND POLICY • see inside back cover
(NOTE: No Refunds for high school academic credit classes)
All Parents/Adults: please initial to acknowledge your agreement to refund policy _____