

STUDENT REGISTRATION FORM

Student Name			Preferred Name		
Gender	M	F	Birth Date	Age	Grade, Fall 11
Current School			School District		
Any Health Information we should know about?					
First Time Super Saturday Student?			Yes* No		If NO, Last Registered*?
*If YES, include Professional Recommendation (p. 5) with registration.					*If more than 2 years, include new Professional Recommendation.

CLASS CHOICE

Fill in class choices by preference. In case your first choice is full, please select second and third choices. Not all classes will run. Confirmation letters will be mailed in mid-October with detailed information about which class has been reserved for your child. Lab fees are paid to teacher on first day of class.

A.M. CLASS CHOICES	1	Class #	A.M. Class Name
	2	Class #	A.M. Class Name
	3	Class #	A.M. Class Name
P.M. CLASS CHOICES	1	Class #	P.M. Class Name
	2	Class #	P.M. Class Name
	3	Class #	P.M. Class Name

Siblings in program:	A.M. Class (\$75)	\$
Special requests:	P.M. Class (\$75)	\$
	Late Fee (\$25) After 9/17/2011	\$
	Total For This Student	\$

Make checks payable to: **The Super Saturday Program**

Mail to: **PO Box 375, Cincinnati, Ohio 45201**

PARENT CONTACT INFORMATION

Parent or Guardian Name		Work #	Cell #
Relationship to child		Occupation	
Parent or Guardian Name		Work #	Cell #
Relationship to child		Occupation	
Address	City	State	Zip
Family Phone	Email		
Emergency Contact Name	Emergency Contact Phone	Relationship to Child	

PARENT/GUARDIAN MUST SIGN BELOW

I have read, understand and agree to the program policies, outlined in this class offerings brochure, and I give permission for my child to participate in *The Super Saturday Program*. In the event of an emergency, if reasonable attempts to contact me are unsuccessful, I give my consent for the child mentioned above to be treated and/or admitted to the following: (please check one—Cincinnati Children's Hospital will be used if an alternate facility is not named.)

Cincinnati Children's Hospital OR Preferred Hospital _____

Parent/Guardian			Date
Parent/Guardian Signature X			
OFFICE USE ONLY	Postmark	Check #/Amount	Reference