

## Registration Form

### Instructions:

1. Complete **one registration form for each child.**
2. Provide one check or money order per child..
3. Mail registration form(s) with check(s) or money order(s) to:  
**Kids' Time, P.O. Box 812211, Wellesley, MA 02482-0015**

**All clinics will be filled on a "first come, first served" basis. We cannot guarantee that all there will be availability in all clinics. Register quickly so you have the best chance of getting into the clinics of your choice.**

Name \_\_\_\_\_ School/Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_

Parent's Name \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Sessions: Check desired clinic days & times. You may choose all 3.

Mon. 12/28 \_\_\_\_\_ School: Sprague Time: \_\_\_\_\_

Tues. 12/29 \_\_\_\_\_ School: Sprague Time: \_\_\_\_\_

Wed. 12/30 \_\_\_\_\_ School: Sprague Time: \_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_

### Parent or Guardian Permission

I hereby give permission for my child to participate in courses sponsored by Kids' Time of Wellesley. I waive and release all rights for claims that I may have against Kids' Time for damages or injuries to my child which may occur while participating in Kids' Time activities. I understand that Kids' Time will use reasonable safety precautions during all activities.

### Permission to Treat

As the parent or legal guardian of the above named student, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Parent/Guardian Signature \_\_\_\_\_

I hereby authorize my child's picture, if taken, to be used in the publicity of the Kids' Time program.

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

### Kids' Time of Wellesley Scholarship Fund Contribution Form

I am pleased to contribute \$ \_\_\_\_\_ to the Kids' Time of Wellesley Scholarship Fund. Kids' Time of Wellesley is a tax-deductible organization as described under Section 501 (c) (3) of the Internal Revenue Code.

**No confirmations will be sent!**

**For Office Use Only:** Date \_\_\_\_\_

Reg. # \_\_\_\_\_

### Registration

Full payment is due with each registration. Registration is by mail only. Phone registration will not be accepted. **No confirmation will be sent. If you would like a confirmation that your child has been placed in a class, please send an email to [wkidstime@yahoo.com](mailto:wkidstime@yahoo.com) and we will provide a quick response.** You will be called if a clinic is filled or if the clinic is cancelled. A \$20 banking fee will be levied against any checks returned for insufficient funds. Checks will be returned if a clinic is full or cancelled.

### Refunds

There will be no refunds for missed clinics due to illness, transportation problems, or other personal reasons.

### Course Cancellation Policy

Kids' Time reserves the right to cancel a clinic for which there is insufficient registration or for any other reason up to one week prior to the start of the clinic. Every attempt will be made to place a registrant of a cancelled clinic in another clinic. If this is not possible, a full refund will be provided. **Refunds will be provided for no other reason.**

### Scholarships

Partial need-based scholarships are available. Confidential requests should be made in writing to the Executive Director of Kids' Time, PO Box 812211, Wellesley, MA 02482-0015 as soon as possible. **There is a maximum scholarship grant of one class per child.**

