

# Registration Form

## Instructions:

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

All courses will be filled on a "first come, first served" basis. Indicate your 1st and 2nd choices on each registration form. Register quickly so you have the best chance of getting into the classes of your choice. Parents must provide all transportation. Contact your school representative about carpooling information.

Name \_\_\_\_\_ School/Grade \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
Email \_\_\_\_\_  
Parent's Name \_\_\_\_\_

## Emergency Contact:

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

## Course Name:

1<sup>st</sup> Choice \_\_\_\_\_ School \_\_\_\_\_ Time \_\_\_\_\_ Day \_\_\_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_ School \_\_\_\_\_ Time \_\_\_\_\_ Day \_\_\_\_\_

First Choice Fee enclosed: \$ \_\_\_\_\_

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### 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 \_\_\_\_\_

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## 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.

## For Office Use Only:

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

*No confirmations will be sent!*