



## REGISTRATION

Student's Name \_\_\_\_\_ ☐ Boy ☐ Girl

Student's grade level (Sept. 2006 enrollment) \_\_\_\_\_

Current School (if any) \_\_\_\_\_

Please place my child with (friend/relative) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Select the session(s) you would like to enroll your child.

☐ **WEEK 1** Deep Sea Divers! July 17 - July 21 8:30 - 11:30 a.m.

☐ **WEEK 2** Jungle Safari! July 24 - July 28 8:30 - 11:30 a.m.

☐ **WEEK 3** Kooky Carnival! July 31 - Aug. 4 8:30 - 11:30 a.m.

☐ **WEEK 4** Mad Scientist's Lab! Aug. 7 - Aug. 11 8:30 - 11:30 a.m.  
OR (Please only check ONE!)

☐ **WEEK 4** Mad Scientist's Lab! Aug. 7 - Aug. 11 1:00 - 4:00 p.m.

I give my child permission to eat food provided by the teachers during classroom lesson activities.

Parent Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cash, check or money order **must** be enclosed with your registration.  
Make checks payable to: **Book-A-Roos, Inc.**

Mail payment and registration to:

**Book-A-Roos, Inc.**  
1230 Rosecrans  
Suite 410  
Manhattan Beach, CA 90266



(over)

### FOR OFFICE USE ONLY

Check # \_\_\_\_\_ Date Paid \_\_\_\_\_ Amount \_\_\_\_\_ Number \_\_\_\_\_

Confirmed by \_\_\_\_\_ Date \_\_\_\_\_ ☐ Email ☐ Mail



## EMERGENCY INFORMATION

(please fill out form **COMPLETELY** to ensure your registration spot)

Student's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (mom) \_\_\_\_\_ Home Phone (dad) \_\_\_\_\_

Work Phone (mom) \_\_\_\_\_ Work Phone (dad) \_\_\_\_\_

Cell Phone (mom) \_\_\_\_\_ Cell Phone (dad) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Persons to be notified if Parent/Guardian cannot be reached.**

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

**Student may be released to the following people:**

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list below any health concerns affecting your child (include food allergies as well as medical concerns.)

\_\_\_\_\_  
\_\_\_\_\_

(thank you)