



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** Jungle Safari! _____ July 17 - July 21 _____ 8:30 - 11:30 a.m.

☐ **WEEK 2** Kooky Carnival! _____ July 24 - July 28 _____ 8:30 - 11:30 a.m.

☐ **WEEK 3** Deep Sea Divers! _____ July 31 - Aug. 4 _____ 8:30 - 11:30 a.m.

☐ **WEEK 4** Science Sleuths! _____ Aug. 7 - Aug. 11 _____ 8:30 - 11:30 a.m.

OR (Please only check ONE!)

☐ **WEEK 4** Science Sleuths! _____ 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)