

PLEASE PRINT CLEARLY

Last Name

First Name

Westport Continuing Education Summer 2008 (Registration Form con't)

REQUIRED SIGNATURE FOR HIGH SCHOOL CREDIT COURSE: Acceleration _____ Make-Up _____ Grade _____
Counselor _____ Principal/Dept. Head _____ Date _____

Course No.	Course Title	Start Date	Time	Location	Fee

Make checks payable to: **Westport Summer School**
70 North Avenue
Westport, CT 06880

*Registration fee payable once for summer session.
*Registration fee does not apply to High School Credit Courses.

Total for Courses \$
*Registration Fee \$10 \$
TOTAL \$

PAYMENT BY: CASH _____ CHECK _____ CHECK # _____
 VISA _____  MASTER CARD _____

REFUND POLICY
see page 48

Acct# _____ Exp. Date _____ AVS _____ Print Name on card _____

Westport Continuing Education "Summer Discoveries" 2008

Registration Form
This Page for Office Use ONLY

R#
Amount
Date
R#
Amount
Date

PLEASE PRINT CLEARLY

Last Name

First Name

Today's Date _____ - _____ - 08
Month Day

Westport Continuing Education "Summer Discoveries" 2008 Registration Form

PLEASE CHECK BELOW

- I have previously attended your summer program
- My address or phone number has changed

REGISTER ONLINE

www.westportcontinuinged.com
www.westportsummerschool.com

MAIL

Westport Summer School
70 North Avenue
Westport, CT 06880

IN PERSON

Staples High School
70 North Ave., Rm. 1040
Westport, CT 06880

PHONE

341-1209
FAX
341-1218

Permanent Address

No. Street City State Zip

Summer Address

No. Street City State Zip

Phone: Work _____ Home _____ Cell _____ Email address _____

• Registrants in Grades Pre K-12 Complete This Section:

Entering Grade _____ Fall 2008 Date of Birth _____ Age _____ School _____

Names of Parents or Guardians _____
(and address, if different)

Emergency Contact Person _____
(Must be available during program hours) Name Phone Relationship to child

List Health Problems _____ **Allergies** _____ **Medications** _____

Child's Doctor's Name _____ **Phone** _____

In the event of a medical emergency as determined by the school nurse or other responsible staff member it is the policy of the Westport Board of Education to dial 911 immediately to obtain emergency medical services and/or transport to the nearest approved medical facility. School personnel will then attempt to reach you and/or the child's doctor at the number(s) indicated by you on this form. Your child will receive medical care and treatment necessary to sustain life and/or stabilize his/her condition as determined by the medical facility. Any further treatment must be authorized specifically by you or the person(s) designated by you.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

REGISTRATION CONTINUED ON THE BACK OF THIS PAGE