

# Riley College For Kids Summer Workshops

Warrenton Road, Glen Cove Maine – 207-596-6405

## REGISTRATION FORM

NAME: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

BIRTH-DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE 2009/10: \_\_\_\_\_

NAME OF CURRENT SCHOOL: \_\_\_\_\_

PARENT'S/ GUARDIAN \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL#: \_\_\_\_\_

E MAIL: \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_ PHONE: \_\_\_\_\_

If tuition or a portion of tuition is to be paid by someone other than the parent or guardian listed above, please provide name and address:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Where did you hear about the Riley College For Kids? \_\_\_\_\_

**Please number below your 1st,2nd,3rd,4th,5th choices - TWO fun workshops per Session**

**Session I - June 22 – July 2**

**Session II - July 6 – July 16**

**MONDAY-THURSDAY - 9:00 to 3:00**

\_\_\_\_ Film Making with Deb Vendetti – Morning Sky Studio

\_\_\_\_ Film Making

\_\_\_\_ Visual Arts with Artist Vincent Abaldo

\_\_\_\_ Visual Arts

\_\_\_\_ Pottery with Potter Nancy Nelson – Mudstar Studios

\_\_\_\_ Pottery

\_\_\_\_ Science with Naturalist Martha Truscott

\_\_\_\_ Science

\_\_\_\_ Theater/Drama with Stephanie McAllister

\_\_\_\_ Theater/Drama

Ist and 2nd choices will take priority, however, CFK has the right to cancel a workshop due to lack of enrollment or unforeseen circumstances. Children would than be placed in next choice

**COST: Individual session - \$450 - Both sessions \$850**

**\* Please enclose a non-refundable \$50 deposit, which will be applied to the cost**

Will you be applying for financial aid? \_\_\_\_\_ Yes \_\_\_\_\_ No (*Parents of financial aid applicants must provide a copy of their 2008 - 1040 tax form or W-2's with the application and submit a statement of need including amount requested.*)

Checks made payable to Riley College For Kids Inc. Please submit application and fee to: Glenna W. Plaisted, Founder/Director - Riley School, P.O. Box 300, Glen Cove, ME 04846

# Health History Form – To Be Filled Out By Parent/ Guardian

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Parent / Guardian: \_\_\_\_\_

Hm Phone # \_\_\_\_\_, Wk # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact person if Parent Cannot Be Reached: \_\_\_\_\_

Hm Phone # \_\_\_\_\_, Wk # \_\_\_\_\_ Cell # \_\_\_\_\_

## HEALTH HISTORY

Health issues that we should know about: Allergies – Disabilities, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_

Date of last physical \_\_\_\_\_ Date of last Tetnus shot \_\_\_\_\_

Has camper ever been stung by hornets, wasps or bees? \_\_\_\_\_ Reaction \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Physical Address: \_\_\_\_\_

## PARENT/GUARDIAN CONSENT TO ATTEND WORKSHOPS

**EMERGENCY:** I hereby authorize and request the Workshop Director to provide or secure necessary emergency treatment for my child should the need arise. I give permission for my son/daughter to receive emergency treatment at a hospital and/or from a licensed physician. I further understand that I will be contacted immediately if any emergency arises.

**I GIVE PERMISSION** for my son/daughter to participate in all summer program activities both on and off campus. I have read the camp brochure and agree to follow the procedures and regulations as stated. Any photographs or videos taken of my daughter/son may become property of Riley School and may be used for publicity purposes.

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

Riley School does not discriminate on the basis of race, color, creed, sex, national and ethnic origin in the administration of its educational policies, administered programs and employment.