

Riley College For Kids Summer Workshops

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

REGISTRATION FORM

NAME: _____ Male _____ Female _____

BIRTH-DATE: _____ AGE: _____ GRADE : _____

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, 6th choices - TWO fun workshops per Session

Session I - June 21 – July 1

MONDAY-THURSDAY - 9:00 to 3:00

___ **Film Making**

___ **Digital Photography**

___ **Visual Arts**

___ **Pottery**

___ **Science**

___ **Theater/Drama**

Session II - July 5 – July 15

Please choose and mark as choice 1,2,3,4,5,6

___ **Film Making**

___ **Digital Photography**

___ **Visual Arts**

___ **Pottery**

___ **Science**

___ **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 \$800

*** 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 2009 - 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 FOR EMERGENCY/TRANSPORTATION

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 become property of Riley School and may be used /published 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.