

Riley College For Kids Summer Workshops

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

REGISTRATION FORM

NAME: _____ Male _____ Female _____

BIRTH-DATE: _____ AGE: _____ GRADE 2008/09: _____

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 choices - TWO fun workshops per Session

With the exception of Circus Theater this is a 4 week all day workshop

MONDAY-THURSDAY - 9:00 to 3:00

Session 1 - June 23 - July 3

LIMITED ENROLLMENT

Session II - July 7 – July 17

___ Film Making ___ Visual Arts ___ Paper Animation ___ Visual Arts

___ Pottery ___ Creative Dance ___ Science ___ Pottery ___ Creative Dance ___ Science

___ Circus Theater 4 week all day workshop

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 or Both Sessions - \$800 – Circus Theater \$800

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

PAYMENT PAID IN FULL BY JUNE 18, 2007, OR

CONTACT RILEY TO MAKE DIFFERENT PAYMENT ARRANGEMENTS

Will you be applying for financial aid? ___ Yes ___ No (*Parents of financial aid applicants must provide a copy of their 2007 - 1040 tax form 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 (check)

Diseases and/or Chronic or Recurring Illness

Chicken Pox
 Measles/Mumps
 Epilepsy
 Bleeding disorder
 Heart Disease

Ear Infections
 Convulsions
 Diabetes
 Hyper-Active Behavior
 Other

Food

Allergies

Hay Fever
 Asthma
 Drugs/Medications
 Insect Stings
 Ivy, Oak, Etc.

Date of last physical _____ Date of last Tetnus shot _____

On Medication? _____ What? _____

When is it administered? _____

If needed can Tylenol be given to your child? _____ YES _____ NO

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

Operations or Serious Injuries _____ Dates _____

Other diseases or details of above _____

Special Considerations Director should know about: _____

Physician's Name _____ Telephone _____

Physical Address: _____

Health Insurance ___ Yes ___ No Insurance Company _____

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.