

To register: Complete the front and back of the registration form and mail or deliver with fees to the Portage Community Education Center/Curious Kids, 1010 W. Milham, Portage, MI 49024. Make checks payable to Portage Public Schools. We also accept VISA, MasterCard, American Express and Discover.

Register online at www.ppscommmed.org

A one-time, non-refundable \$8.00 registration fee is charged to all participants.

The registration fee includes a t-shirt to wear while attending.

One form per person – Be sure to complete the front AND back

Student Name _____ Male _____ Female _____
Age (Last Birthday) _____ Last Grade Completed _____ Birthdate ____/____/____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____
Emergency Contact Name _____ Phone _____
Allergies _____
Family Physician _____ Phone _____
Mother's Name _____ Phone _____ Work _____
Father's Name _____ Phone _____ Work _____
Email address _____

Check one:

In the event that I am late in picking up my child from an academy, I would like:
(choose one)

- my child to be taken to the Curious Kids Child Care Program where I am registered.
- my child to be taken to the Curious Kids Child Care Program where I am not registered but am willing to pay the accrued fees (\$5.00/15 minute period).
- my child to be left in the lobby at PCEC/CK without adult supervision.

I do / do not give permission for my child to ride in the front seat of the Portage Public Schools 8-passenger van.

Please list any special needs or limitations that your child may have: _____

Credit Card Visa MasterCard Discover American Express CID Card Code _____
Credit Card Number _____ Exp. Date _____



PARTICIPANT'S NAME _____

ACADEMY CODE	ACADEMY NAME	DATE	DAY	FEE
Registration fee				\$8.00
Total amount				

PERMISSION TO PARTICIPATE & DISCLAIMER INFORMATION

I understand that the Board of Education does not or may not carry insurance relative to the trip or for injuries to the student. I represent that the student has insurance through my own insurance carrier.

I request that the student named on the top of this form be allowed to participate in the planned trip and specifically consent to his/her participation.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for, or consenting to the procedures or treatment in his/her or their discretion.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during, or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

I give permission to the school district to take photographs, slides and/or video pictures to be used in the marketing of publicity of the Curious Kids Summer Academy Program.

I have read and acknowledge all of the information above as well as all of the information listed on pages 35-36 of this brochure and have a full understanding of how it relates to my child.

Date: _____ Parent/Guardian: _____

**if you qualify for free or reduced lunch,
you may also be eligible for scholarship assistance!**

