

Odyssey Charter School 2016 Summer Enrichment Program – Registration Form

STUDENT'S LAST NAME STUDENT'S FIRST NAME GENDER DATE OF BIRTH

ADDRESS CITY ZIP PHONE

SCHOOL CURENTLY ATTENDING GRADE STUDENT WILL ENTER IN FALL

FATHER/GUARDIAN NAME MOTHER/GUARDIAN NAME STUDENT LIVES WITH

PHONE FATHER PHONE MOTHER
HOME: WORK: CELL: HOME: WORK: CELL:

CONTACT EMAIL ADDRESS(ES)

EMERGENCY CONTACT (Name of person student may be released to if parent/guardian cannot be reached)
NAME DAYTIME PHONE NUMBER RELATIONSHIP

ADDRESS CITY ZIP

<p>PAYMENT INFORMATION</p> <p><input type="checkbox"/> \$100 Grades 1-6 all 3 classes offered</p> <p><input type="checkbox"/> \$100 Pre-k class</p> <p><input type="checkbox"/> \$90 Multiple children enrolled</p> <p>(Cash, check or money order made payable to Odyssey Charter School)</p>	<p>MAIL OR BRING TO: Odyssey Charter School Front Office 738 East Quality Drive American Fork, UT 84003</p>
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Does student have on-going medical problem? _____ Specify _____
(Attached physician's order if medications are to be taken during summer school hours)
NAME OF PHYSICIAN PHONE NUMBER

Emergency Medical Authorization

I understand that in the event of illness or accident to my child, which in the judgment of the principal, or his/her designees, requires medical attention, I authorize the principal to use his/her discretion to obtain medical services for my child, **at my expense**, including doctor, ambulance, and hospital cost.

PARENT/GUARDIAN SIGNATURE

DATE