

# 2008-2009 Connecting Kids Registration Form

STUDENT INFORMATION (Please print)

Student's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Sex  M  F  
(last) (first) (middle)  
Address \_\_\_\_\_  
(street) (city/state/zip)  
Home Phone \_\_\_\_\_ Home  Central  Harper  McKenzie  
School:  Romona  
Other \_\_\_\_\_

Ethnicity (Select one):  White-Non Hispanic,  Black-Non Hispanic,  American Indian or Alaskan Native,  
 Asian or Pacific Islander,  Hispanic,  Bi-racial

Mother \_\_\_\_\_  
(name) (day address) (day phone)

Father \_\_\_\_\_  
(name) (day address) (day phone)

Family Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(name) (relationship) (phone)

Physician \_\_\_\_\_  
(name) (phone)

Is the student taking any medication?  
 Yes  No If so, what? \_\_\_\_\_

Does the student have any special medical needs? Or is there any information about your child that should be known in case of an emergency (allergies, asthma, etc.)

Attach an additional sheet if necessary: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## COURSE SIGN-UP INFORMATION

AM – 9:05-11:25 PM – 12:40-3:00

- AM 4 day – 3-4 year olds  
(3 yrs as of 9/1/08) FEE IS \$2037.00
- AM 4 day - 4-5 year olds  
(4 yrs as of 9/1/08) FEE IS \$2037.00
- PM 4 day – 3-4 year olds  
(3 yrs as of 9/1/08) FEE IS \$2037.00
- PM 5 day – 4-5 year olds  
(4 yrs as of 9/1/08) FEE IS \$2541.00

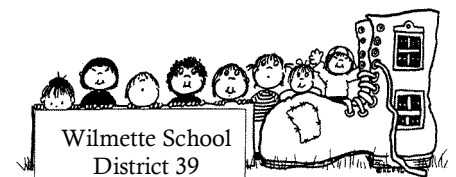
### Deposit of \$100 to secure your slot.

Make check payable to Wilmette Public Schools District 39 or  
Charge to credit card: Mastercard or Visa (circle one) Expiration Date: \_\_\_\_\_  
Card number \_\_\_\_\_  
Print cardholder's name \_\_\_\_\_  
Signature \_\_\_\_\_

Return registration form to:

Mikaelian Education Center  
Attn: Kathy Hughes  
615 Locust Road  
Wilmette, IL 60091

(Please include your deposit with your registration form)



**Registration Due: January 31, 2008**