

GIFTED CHILDREN'S ASSOCIATION

CLASS REGISTRATION FORM

SUMMER 2008

Child's Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Age: _____ Grade as of 9/08: _____ Daytime Phone: _____

Nighttime Phone: _____ FAX: _____ Email: _____

Session 1 June 30 - July 11

Session 2 July 14 - 25

Session 3 July 28 - Aug 8

Period 1

1st Choice _____

2nd Choice _____

3rd Choice _____

Period 2

1st Choice _____

2nd Choice _____

3rd Choice _____

Period 3

1st Choice _____

2nd Choice _____

3rd Choice _____

Period 4

1st Choice _____

2nd Choice _____

3rd Choice _____

[Please fill out the Emergency form and Conditions of Enrollment form on the back of this page]

For additional children, please photocopy front and back of this form: **One form child per form please!**

YOUR HELP IS NEEDED!

Volunteer to be a Parent Representative and receive priority registration with that day's mail.

[] Yes, I will be a Parent Rep. I am available on the following day(s):

Name: _____

[] **NO** I cannot volunteer

Summer Class Fees:	\$ _____
Membership Fees:	\$ _____
Donations:	\$ _____
Supply Fees (1st choice)	\$ _____
Insurance Fee:	\$ 15.00
Sub Total:	\$ _____
Amount Paid:	\$ _____
If not paid in full, Partial Payment Fee:	\$ 10.00
Balance Due:	\$ _____
Payment type: Check # (Circle type used) Pay Pal #	