



**Pauoa Elementary School
Summer Enrichment Program 2024
Registration Form**



PLEASE PRINT

Student's Name _____

LAST

FIRST

MI

Gender (circle)	Male Female
Birthdate	
Completed Grade as of May 2024	

Parent/Legal Guardian Name(s): _____

Address:	City:	Zip:
Home phone:	Work phone:	Cell phone:
Email:		

Authorized person(s) to pick up my child (picture ID required) if I am not able to:

Name:	Contact Number:	Relationship:
Name:	Contact Number:	Relationship:

My child is interested in: (please check one)

- 8:00 am - 12:00 pm (no charge)
 8:00 am - 12:00 pm AND Coding Camp 12:30 -2:00 pm (Please enclose payment with these forms)

Pick up Arrangements:

- Wait at Office to be picked up Walk home Other: _____
(Please specify)

Parent/Legal Guardian Signature

Date

-----Office Use Only-----

Date received _____ Received by _____

Amount paid _____

Form of payment: Cash Check # _____ Name on Check _____

