

**SCHOOL DISTRICT 27 - SUMMER SCHOOL 2009
REGISTRATION CARD**

REGISTRATION INSTRUCTIONS:

1. Review course descriptions **and choose a first and second choice for each session.** On your registration form, indicate your first choice and your second choice, in the event your first choice is filled. **PLEASE PRINT.**
2. Add up the tuition costs for your FIRST CHOICES only. Please include the material fees as indicated.
3. Place registration card(s) and a check made payable to **DISTRICT #27 SUMMER SCHOOL** in an envelope. MAIL THE ENVELOPE TO **NORTHBROOK SCHOOL DISTRICT 27, ATTN: SUMMER SCHOOL, 1250 SANDERS ROAD, NORTHBROOK, IL 60062.**
4. **FIRST-COME-FIRST-SERVED BASIS:** All forms must be **postmarked** by **FRIDAY, March 27, 2009.** REGISTRATIONS POSTMARKED AFTER **March 27, 2009,** WILL BE SUBJECT TO AVAILABILITY AND A \$15 PER CLASS LATE FEE. THERE WILL BE NO REFUNDS PERMITTED AFTER **April 27, 2009**

STUDENT'S NAME _____ GRADE NEXT YEAR _____
 SCHOOL CHILD CURRENTLY ATTENDS _____ DISTRICT _____

Each child being registered must have their own registration card. Please do not put multiple children on one card. Thank you.

Choices	Grade	Time	Course Title	Tuition	Add'l Fee
1		9:00 – 10:25			
2		9:00 – 10:25			
1		10:30 – 12:00			
2		10:30 – 12:00			
TOTAL DUE FOR TUITION AND FEES					

PLEASE BE SURE TO FILL OUT THE EMERGENCY INFORMATION ON THE BACK OF THIS CARD. REGISTRATION IS NOT COMPLETE WITHOUT IT!

Check # _____ (make check payable to *Northbrook School District #27 Summer School*) Amount \$ _____
 (front)

EMERGENCY INFORMATION

STUDENT'S NAME _____ HOME PHONE _____

AGE _____ My child will be getting to Wood Oaks by: Car Walking Bike

PLEASE COMPLETE IN FULL

Father's Name _____ Contact Number _____

Mother's Name _____ Contact Number _____

Any Alternate phone numbers and type (i.e., cell phone, pager, etc.) _____

Address _____

Neighbors or Alternate Contacts in Case of an Emergency

1. _____ Relationship _____ Phone Number _____

2. _____ Relationship _____ Phone Number _____

List special health problems that we should be aware of such as physical limitations, allergies, etc.

Local Doctor _____ Phone Number _____

I give my permission to the school and the doctor named above to give emergency care to my child if I am not available in an emergency.

Parent Signature _____ Date _____