

**MEF Elementary Summer School Enrichment Program
Emergency & Mail – In Registration Forms 2010**

***A completed emergency form must be submitted on the first day of classes. Online forms also available.

Student's Last Name _____ Student's First Name _____
 Grade Entering Fall 2010 _____ Student's Birth Date _____ Current School _____
 Student Address _____
 Parent/Guardian Name(s) _____ Home Phone (_____) _____
 Office(_____) _____ Cell Phone (_____) _____
 Special Medical Conditions (i.e. allergies, medications, restrictions on physical activity) _____

Emergency Contacts (two local alternates to whom student may be released if parent/guardian cannot be reached)

1) Name _____ Daytime Phone _____
 Relationship _____ Address _____
 2) Name _____ Daytime Phone _____
 Relationship _____ Address _____

Emergency Medical Authorization

In case of emergency and if I/we cannot be reached, I/we the undersigned parent(s) or guardian(s) of the above named student, a minor, do hereby authorize a representative of Moreland Elementary School District and/or alternates listed above to act as agent(s) to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care deemed advisable and rendered by a licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of Moreland Elementary School District to give consent for such treatment as the physician may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California and is effective unless revoked in writing.

On _____ 2010 the undersigned declares under penalty of perjury that he/she is the parent or legal guardian of the above-named student and grants the authorization.

Signed (Parent or Guardian)

Class Choices – Mail- In Registration:

Grade Level (circle one) K-2 3-5 6-8

First Choice			Second Choice		
Period	Course	Cost	Period	Course	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Costs		_____			_____

For MEF use only:

You are enrolled in the following classes:

Period 1 _____
 Period 2 _____
 Period 3 _____

Method of Payment

_____ Check # _____
 _____ M. Order # _____
 Date received _____
 Return Envelope Y N _____
 Total Cost _____
Total Received _____