

Send registration form to: SLAM
2575 West 88th Street, Suite 200
Bloomington, MN 55431



Contact Information

Primary guardian: _____

Home phone: _____ Cell phone: _____ Can we text? yes no

Work phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Emergency Contact Outside of household: _____ Phone: _____

Participant Information

Participant's name: _____	Are there any food allergies/diet restrictions? Y N
Grade in fall 2024: _____	List/explain any food allergies/diet restrictions: _____
Date of birth: _____ Gender: M F	_____
Does your child have a disability/medical condition? Y N	Is an Epi-pen or similar needed? Y N
List/Explain: _____	List of medications taken: _____
_____	_____
Is support needed for disability/medical condition? Y N	Will child take medications during the program?
Is the child diabetic? Y N	Y N

Child 1

Participant's name: _____	Are there any food allergies/diet restrictions? Y N
Grade in fall 2024: _____	List/explain any food allergies/diet restrictions: _____
Date of birth: _____ Gender: M F	_____
Does your child have a disability/medical condition? Y N	Is an Epi-pen or similar needed? Y N
List/Explain: _____	List of medications taken: _____
_____	_____
Is support needed for disability/medical condition? Y N	Will child take medications during the program?
Is the child diabetic? Y N	Y N

Child 2

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Camp Registration

Participant's first & last name	Grade 24 - 2025	Camp name	Camp number number	Start date	Fee
				Total	

Minimum and maximum enrollment numbers will vary by camp, depending on camp requirements.

Check here is you would like to receive a receipt by email.

Acknowledge, sign and date

INITIAL HERE Waiver: I have read and understand the policies and procedures found on the website for ISD 271 youth and family programs related to marketing, cancellations, emergencies, late fees, etc. All participants enrolled in the class are participating of their own initiative and assume all risk relating to or resulting from their participation in the class. By signing below, the named class participant RELEASES the Bloomington Public School District (ISD 271) and Bloomington Community Education, their officers, employees, and/or volunteers and the class instructor from any action, claims, and/or expenses of any kind the participant may acquire which arise directly or indirectly from the student's participation in the class. The undersigned further agrees to INDEMNIFY Bloomington Public Schools (ISD 271), Bloomington Community Education, their officers, employees, and/or volunteers and the class instructor from any loss, damage, or costs resulting from the undersigned's participation in the class.

INITIAL HERE Data Privacy: The data supplied on this form will be used to enroll your child in a recreation or enrichment camp. Some requested data is private. It is available to you and Bloomington Pubic Schools staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but Bloomington Public Schools staff may not be able to complete your registration and/or you may not receive updated camp information including notices regarding camp cancellations or camp-related restrictions.

Parent Release Agreement: Bloomington Public Schools staff take photos and videos of participants enjoying the activities in our camps for use in marketing and promotion of the program. If I do not grant permission, I will send an email to MGlynn@isd271.org expressing my wishes. Email must be received prior to the start of the camp.

Parent/guardian signature: _____ Date: _____

Payment Information

Check* (payable to ISD271) Cash Charge my: Mastercard Visa Discover American Express

Card #: _____ Expiration: _____

*Bloomington Public Schools (ISD 271) uses a service called Advantage Collections to recover any checks written to the District for insufficient funds and other reasons returned to the District. A state-allowed fee of \$30 will be charged for each check returned by a bank for insufficient funds. This is in addition to the face amount of the check. Once a check is returned, the District cannot accept a new check. The check writer must work with Advantage Collections directly. Their phone number is 763-689-1500.