



## Youth Enrichment Registration Form

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Special Needs \_\_\_\_\_ Allergies \_\_\_\_\_ Epi-pen/medications \_\_\_\_\_

Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Can we text?    yes            no

Work phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Email \_\_\_\_\_

UCare # (if applicable) \_\_\_\_\_

Following class during after school hours (3:30-6:00 p.m.), my child will:

Return to Kids' SAFARI (must be registered for that same day)				Be picked up by parent/guardian		
COURSE #	TITLE	START DATE	TIME	LOCATION	FEE	
_____	_____	_____	_____	_____	\$ _____	
_____	_____	_____	_____	_____	\$ _____	
_____	_____	_____	_____	_____	\$ _____	

Donate to the Bloomington Community Education Youth Scholarship Fund (Optional)            \$ \_\_\_\_\_

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

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

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.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*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.