

FALL 2009 PROJECT ENRICH Mini-Course Registration Form
SARATOGA SPRINGS CITY SCHOOL DISTRICT

Location of Program: BOCES Myers Education Center, Saratoga Springs

Thursdays Oct. 8, 15, 22, 29 and Nov. 5 and 12, 2009 at 3:45-5:15 pm Snow date - Nov. 19

REGISTRATION FORMS DUE BACK TO School District Office by September 17th! PLEASE FILL OUT WITH PEN

Student Name (as it should appear on certificate): _____ Grade _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

School Bldg: _____ Home room Teacher: _____

Are you a first time mini course student? Yes No

COURSE SELECTION

Please list only the courses you are willing to take, and indicate "withdraw" after your final choice.

We will try to register you in your first choice, but it is not always possible.

1 st
2 nd
3 rd
4 th
5 th

6 th
7 th
8 th
9 th
10 th

STUDENT: I am committing myself to attend all the sessions of the course. I will contribute in a positive way to the course. **Student's Signature:** _____

PARENTS/GUARDIANS:

Mom: Name: _____ Home phone: _____ Work: _____ Cell: _____

Dad: Name: _____ Home phone: _____ Work: _____ Cell: _____

Relative or family friend we could reach if we can't reach you in an emergency:

Name: _____ Phone: _____

- Yes No My child has permission to participate in a Project Enrich mini-course and will follow the BOCES Code of Conduct.
- Yes No BOCES can serve snacks to my child. My child does not have food allergies.
(If your child has food allergies, please provide a snack each week.)
- Yes No BOCES can photograph my child for publications and media.
- Yes No My child can participate in field trips during mini-courses.
- Yes No My child has permission to use the Internet during mini courses, and I have signed his/her home school Internet Usage Agreement.
- Yes No I have custody of my child and there are no custodial issues.
(If there ARE issues relevant to safety of your child, please provide details in the space provided below.)

List your child's medical concerns, allergies (epi pen), for the mini course nurse and teacher:

Parent's Signature _____

Questions? Please contact: June Leary, Program Manager, WSWHE BOCES 518-581-3580
jleary@wswhiboces.org

MAKE CHECK PAYABLE TO SARATOGA SPRINGS CITY SCHOOL DISTRICT. RETURN YOUR REGISTRATION FORM TO:
Michael Piccirillo, Saratoga Springs City Schools, 3 Blue Streak Blvd., Saratoga Springs, NY 12866
Include one check for \$54.00. The District will cover the lab fee cost.