



Sensational Summer Sessions

Registration Form for AME Sensational Summer Sessions

This form may be submitted for registration in more than one age appropriate session.

Cooking 7/5 – 7/8 ____ **Art** 7/25 – 7/29 ____

Electricity and Magnetism 8/1 – 8/5 ____

Child's Full Name:	Child's Preferred Name: _____ Age: _____ Male: ____ Female: ____ Birth Date: _____
Home Address:	Fall 2015 Grade: K/ 1 st / 2 nd / 3 rd / 4 nd (circle one)
Language Spoken @ Home:	
Mother/ Guardian/ Sponsor: Name:	Father/ Guardian/ Sponsor Name:
Address:	Address:
City, Zip:	City, Zip:
Occupation:	Occupation:
Company:	Company:
Business Phone:	Business Phone:
Home Phone:	Home Phone:
Cell phone:	Cell phone:
e-mail:	e-mail:
Other contact information:	Other contact information:
Health: Allergies:	School where currently enrolled:
Restrictions:	Do you require 8 a.m. child care?
Physical Considerations:	Is your child vegetarian?
Special Needs:	

AME must receive payment in full at the time of registration. AME accepts cash, check or credit cards
AME requires 14 day notice to alter down attendance or withdraw from any week(s) of attendance.
Advance payment will be refunded with proper notice.

Parent/Sponsor Signature _____ Date: _____

Printed Name: _____ Mark/Initials _____