

Needham Community Education | Scholarship Registration Form /// 2019–2020

STUDENT INFORMATION

Student's name: _____

Current school: _____ **Grade:** _____

Parent/Guardian 1 name: _____ **phone:** _____

Parent/Guardian 2 name: _____ **phone:** _____

Preferred email for NCE communications: _____

Emergency contact name: _____ **phone:** _____

Dismissal: Pick-up Walk Return to NEDP
 Other adult(s) authorized to pick-up: _____

SPECIAL CONSIDERATIONS

My child has life-threatening allergies and will require an EpiPen: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please initial here _____ to indicate your understanding that you must deliver an EpiPen and a copy of your child's Allergy Action Plan to the front office staff at your child's school, and that if these items are not provided, NCE staff will call 911 in the event of an apparent allergic reaction.	NCE Elementary programs are open to all students. Please share with us any special considerations we should know about your child so that they will have a positive experience in the program. <i>Note: NCE Elementary instructors and staff have no access to IEPs or 504 plans.</i>
List of child's allergies:	Behavioral/emotional considerations:
My child will bring an inhaler: <input type="checkbox"/> No <input type="checkbox"/> Yes, and has permission to self-administer as per the health order in their Needham Public Schools health file.	Medical considerations:

REGISTRATION

Students who receive free/reduced lunch may take one class per NCE session at the reduced rate.

Class Title	School	Fee

To register: Complete this form, include payment (Cash: exact change please; or Check: payable to NCE; or Credit Card: Discover, MasterCard or Visa are accepted) and deliver to NCE's office in-person or by mail:
Address: NCE, 1330 Highland Avenue, Needham, MA 02492 /// **Office hours:** 8:00am–4:00pm, Monday–Friday

SIGN

I/We, the parents/guardians of the registered student, a minor, hereby consent to his/her participation in the Needham Community Education Program, the taking of photos of my/our child and/or promotion of the program, and to his/her use of the Needham Public Schools facilities and equipment. I/We further agree to release and hold harmless the Town of Needham, Needham Public Schools and their employees, agents and assigns from any and all liability or expenses arising out of any incident involving, or any account of any injury to the above named minor in connection with such program. I/We further consent to emergency treatment by a physician in the event of injury to, or illness of our child during his/her participation in this program. I/We accept full responsibility for all costs for any such emergency treatment. I/We agree to abide by NCE policies.

Parent/Guardian signature: _____ Date: _____

OFFICE USE ONLY: SP Tally ____ SP Reg ____ Check # ____ Cash ____ Credit Card ____

CREDIT CARD PAYMENTS

Credit Card Payer: Name: _____

Email: _____

Street address: _____ Town/State/Zip: _____

Discover MasterCard Visa

Card number: _____ Exp date: _____ Security code: _____