

STUDENT INFORMATION (separate registration form for each student please!)		
Student's Name:		___ Male ___ Female
Parent/Guardian Name(s):		
Street Address:		
City:	State:	Zip:
Current School:		Current Grade:
Does student have an Individual Education Plan (IEP)? ___ No ___ Yes If YES, attach copy of Accommodations page to application		
Daytime Phone: ()		Cell/Alternate Phone: ()
Parent's Email:		
Emergency Contact Name:		Emergency Phone: ()
HEALTH FORM (must be completed and signed for ALL students)		
Will your child require any medications/treatments for any condition during this program? ___ No ___ Yes (please explain below)		
Explanation:		
Does your child have any allergies? ___ No ___ Yes (please explain below)		
Explanation:		
Does your child have any chronic or recurring illnesses? ___ No ___ Yes (please explain below)		
Explanation:		
Should there be any restrictions on your child's activities? ___ No ___ Yes (please explain below)		
Explanation:		
Parent Signature:		Date:
PROGRAM/COURSE INFORMATION		
Program/Course Number	Program/Course Name and Location	Cost
		\$
		\$
		\$
		Materials Fee: (if any) \$
Total Due:		\$
PAYMENT INFORMATION (No registrations accepted without payment!)		
Money Orders (payable to Quincy Public Schools) NO PERSONAL CHECKS		
Circle One: MasterCard Visa	Card Number:	Exp. Date

Student Information – Form Two

Student's Name		
Parent/Guardian Name(s)		
Street Address		
City	State	Zip
Current School		Current Grade
Does this student have an Individual Education Plan (IEP)? ___ Yes ___ No		
Daytime Phone ()	Alternate Phone ()	
Emergency Contact Name	Emergency Phone ()	

Program/Course Information

Program/Course Number	Program/Course Name	Cost
		\$
		\$
Checks Payable to: Quincy Public Schools		Total Due
		\$
Circle One: MasterCard Visa	Card Number:	Exp. Date