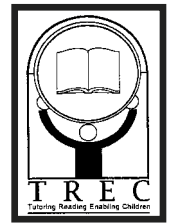


the

**ZONE**

# MORRIS AREA COMMUNITY EDUCATION & University of Minnesota Morris TREC Zone Student Enrollment Form



A Separate Enrollment Form must be completed for each student enrolling in the program

## **STUDENT INFORMATION (2011-2012):**

Student Name \_\_\_\_\_

Grade/Teacher \_\_\_\_\_ Birth date \_\_\_\_\_

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

Parent(s)/Guardian's Name \_\_\_\_\_

## **PLEASE INDICATE BELOW THE DAYS THAT THE STUDENT WILL BE ATTENDING:**

**(please note that our program is NOT open on non-school days)**

- Your student is welcome to attend any or all of the days that the Zone is open. Our schedule is Monday through Friday from 3:15 to 5:00 pm. To help keep an accurate account of your child's attendance, please check the day(s) he/she will be attending each week. Also, please let us know if you child will be absent.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

*This year there will be a charge of \$2.50 a day to cover snacks and Bonus Time Tuesday events. Punch cards must be purchased in advance and can be bought at the Community Ed Office. There is a choice of a \$12.50 card (5 punches) or a \$50.00 card (20 punches).*

## **HEALTH INFORMATION:**

My child is allergic to the following medication, anesthetics, and foods: \_\_\_\_\_

Does your child receive special services throughout the school day? Yes No  
If yes, please explain:

Does your child require special attention, medication, or routines that we should be aware of?

## **PERSONAL INTERESTS AND NEEDS:**

What are some of your student's strengths, hobbies, or interests?

**-OVER-**

## **ZONE PERMISSION AND RELEASES:**

### **Publicity Permission**

I give permission for my student to be included in any Zone related publicity for the newspaper, radio, television or web site. (All pictures on the web will not include identifiers)

*PARENT SIGNATURE* \_\_\_\_\_

### **Information Exchange**

I give my consent for the Zone staff and Independent School District 769 staff to exchange information whenever such exchange would better enable either party to meet my student's needs.

*PARENT SIGNATURE* \_\_\_\_\_

### **Field Trip Agreement**

My student has permission to attend all field trips within a ten mile radius of Morris during the Zone. I understand that field trips located further than ten miles will require a separate field trip signature form.

*PARENT SIGNATURE* \_\_\_\_\_

### **Policy Agreement**

I recognize my responsibility to respect the rules of the Zone and understand that they are needed to provide a positive experience for all participants. I agree to be responsible for knowing the contents of the parent handbook.

I recognize that it is my responsibility to go over the parent handbook with my student. I recognize it is my student's responsibility to follow the rules of the Zone which are needed to provide a positive experience for all participants.

*PARENT SIGNATURE* \_\_\_\_\_

### **Program Hours**

I understand that this program runs until 5:00 pm each day and agree to pick my child up on time so staff can attend other commitments they may have.

*PARENT SIGNATURE* \_\_\_\_\_

On behalf of myself and the student(s) listed above, I release the Regents of the University of Minnesota, Morris Area Community Education, the City of Morris, and Morris Area School, and each entities' employees, volunteers, and representatives, from any and all claims for damages or injuries arising out of participation in this program, including, but not limited to, damages or injuries suffered as a result of negligent acts or omissions. I do not release any entity from liability for intentional, willful, or wanton acts.

*PARENT SIGNATURE* \_\_\_\_\_ **Date** \_\_\_\_\_

As a student participant, I agree to respect the rules of the After School program.

**Zone Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_