

SCHOOLHOUSE OF WONDER

Gumby's Tracking Club

- March, April, May (3 sessions)**
- June, July, August (3 sessions)**
- September, October, November (3 sessions)**
- December Wrap-Up (1 session)**

Student's or Students' Names: _____

Home Address _____

City, State & Zip Code _____

Parent/Guardian Name if under age 21 _____

Telephone Numbers: Home _____ Work _____

Cell/Other _____ Email address _____

To save paper and postage we will send information to you by Email unless you specify here that you require information by regular postal delivery. _____

Emergency Contact Name _____

Relationship _____

Telephone Numbers: Home _____ Work _____
Cell/Other _____

Please tell us of any physical, medical, or emotional conditions any tracker might have that will require our special attention. Please specify particular challenges and associated medications or special needs, if any.

CONTRACTUAL ARRANGEMENT BETWEEN
SCHOOLHOUSE OF WONDER AND THE STUDENT'S FAMILY

Costs: There is a one time administrative fee of \$15 for a family for the year. There is a \$15 charge for each tracker for each session. Registration may be made for a minimum of three sessions at a time, except for the single, final wrap up session in December 2009. I understand that due to monetary commitments to staff, materials, tuition must be paid in full before the first day of the session. There will be no tuition refunds. A \$35 fee will be charged for all returned checks.

Please provide this information for family participants:

My child has my permission to enter into all Tracking Club activities. Schoolhouse of Wonder has been given all necessary medical and behavioral information about my child's health and well being.

Authorization for Emergency Medical Care:

Should an accident or emergency occur that requires my child to receive medical care, I hereby give permission to the physician selected by Schoolhouse of Wonder staff to hospitalize and/or secure proper treatment for my child, except as noted below. I agree to be liable for these noted exceptions.

Exceptions to Treatment/Hospitalization:

Insurance Information:

Policy Holder's Name _____

Policy Number _____ Insurance Company _____

May Schoolhouse of Wonder have permission to use your and your child's picture in promotional materials? Yes ___ No ___

Printed Name of Adult Student or Parent / Guardian

Signature of Parent or Guardian

Date



Schoolhouse of Wonder
5101-B N. Roxboro Road
Durham, NC 27704-1419

(919) 477-2116

schoolhouse@schoolhouseofwonder.org

<http://www.schoolhouseofwonder.org/>

T-Shirts

Purchase a Schoolhouse of Wonder t-shirt for yourself or your child for \$10. Circle size:

Child S M L

Adult S M L XL

Check if you would like a t-shirt.

How many? _____

Total added to registration fee
\$ _____