

**SUMMER ENRICHMENT
REGISTRATION FORM**

(Please submit one form for each student)

Student Name: _____

Address: _____

School Currently Attending: _____

Grade Completed in June 2015: _____

Name of Parent/Guardian: _____

Home Phone: _____ **Emergency Phone:** _____

Please list your child's medical conditions and allergies:

Please list your course selections below:

NOTE: For your records, please make note of the fee, time and date that the course is offered.

COURSE NAME	DATES	TIME	COST

Please return registration form by 4:00 p.m. on Friday, May 22, 2015, with you check payable to "Exeter Township School District." Registrations can be sent to your child's school or can be delivered to the administration office:

Exeter Township School District
Attn: Mary Ann Gibney
200 Elm Street
Reading, PA 19606