

NELC STAND ALONE, SUBJECT-SPECIFIC STUDENT REGISTRATION: PARENT/GUARDIAN INFORMATION



Parent(s)/Guardian(s) Name(s):	
Mailing Address:	
Email Address:	
Primary Phone Number:	Name:
Secondary Phone Number:	Name:
Emergency Contact Number:	Name:

DOCTOR/INSURANCE INFORMATION FOR STUDENT(S) - ONLY TO BE USED IN EMERGENCIES

Physician's Name:		Telephone:
Dentist's Name:		Telephone:
Insurance:	ID Number:	Group Number:

NAME(S) OF STUDENTS BEING REGISTERED

Student Name:	Number of Courses:
Student Name:	Number of Courses:
Student Name:	Number of Courses:

TUITION INFORMATION FOR SUBJECT SPECIFIC COURSES

Registration Fee: \$25 - this non-refundable fee is due as soon as each student is registered, and for each course being registered for, to hold their place. This fee will be applied to the total course cost.

Course Fee: \$105 for each course being offered.

Multi-course discounts are offered for additional courses and siblings being registered. Deduct \$15 for each addition = \$90 per course.

Use the course calculator below:

Number of courses:	One course = \$105 /More than one = \$90	Minus \$25 Registration Fee
	X correct course cost:	Total Cost:

Payment can be made by check, cash, or money order to Michalah Burrows

STUDENT INFORMATION & MEDICAL RELEASE FORM: COMPLETE ONE FOR EACH STUDENT



Student's Full Name:		Birthdate: ____ / ____ / ____
Age:	Grade:	
Any New Changes to Child's Health:		
Current Medications (List Dose/Frequency):		
Will Student Require a Dose While at their NELC Course? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes to above, please list specific times/amounts of Dosage:		
Allergies:		
Reaction:		Treatment:

- Medications must be handed off at drop-off to the Director, Michalah Burrows, and picked up at the end of the course. They will be kept secure and dispensed by The Director.
- Inhalers and EpiPens may be held onto by the student, but please alert the Director as to where it can be found in case of emergency.

COURSE SIGN UP INFORMATION

Course Name:	Location/Time:
Course Name:	Location/Time:
Course Name:	Location/Time:

SPECIAL INFORMATION ABOUT YOUR CHILD (PERSONALITY, EDUCATION, ETC.): OR WRITE A SEPARATE LETTER

AUTHORIZATION FOR TREATMENT: (IN CASE OF EMERGENCY)

To my knowledge, the information on this registration/medical release form is correct and the person herein described has permission to engage in all NELC activities, except as noted above. In the event I cannot be reached in an emergency, I hereby give my permission to NELC staff to order X-rays, related laboratory tests, treatment, and to provide or arrange necessary related transportation for my child. I hereby give permission to the physician selected to secure and administer treatment, including hospitalization for the person named above. I also give my child permission to receive the above medication(s) when necessary during school activities.

Parent/Guardian Signature: _____ Date: _____