

WALTER REED - ~~R~~A~~S~~E (Reed After-School Enrichment)

Class Application for the SUMMER CAMP 2016

Student's Name: _____

Grade: _____ 1st Period Teacher: _____ Per. 1Rm #: _____

Parent/Guardian's Name: _____

Primary Phone #: _____ Alternate Phone #: _____

E-mail address(es) (please PRINT clearly): _____

Sibling discount available for some classes. Please inquire if interested.

*Please complete for each **PAID** class:*

Name of PAID Class _____ Cost _____

Name of PAID Class _____ Cost _____

Name of PAID Class _____ Cost _____

Name of PAID Class _____ Cost _____

Name of PAID Class _____ Cost _____

Name of PAID Class _____ Cost _____

Name of PAID Class _____ Cost _____

Name of PAID Class _____ Cost _____

Total Cost: \$ _____

FOR ALL PARENTS TO SIGN – REGARDLESS OF THE CLASS THEY ARE SIGNING UP FOR

By signing below, I acknowledge that my child will sign in and out of whichever RASE classes they are enrolled in. I understand neither the program provider nor the Los Angeles Unified School District is liable for incidents involving my child occurring after his/her departure from the program. **I also agree to be responsible for any damage to any computers, school property, or equipment caused by my child. All computer students and parent(s) will be required to sign an AUP (Acceptable Use Policy) Agreement.**

Parent's Name

Parent's Signature

Date

Please return this completed form and a check (made payable to FRIENDS OF REED) to the RASE Mailbox in the Main Office ASAP. Class space is limited on a first come basis. Time/Date stamp is available in Attendance Office.

Any questions – please write an e-mail to: RASE@REEDMS.com