



H.U.M.N.S.
SUPPLEMENTAL CLASSES, REGISTRATION FORM

Please mark appropriate program selection making sure to mark all EDE classes OPPOSITE your child's regular class. For PEDE be sure to mark a 1st, 2nd and 3rd choice:

PRESCHOOL EXTENDED DAY ENRICHMENT

EXPLORER PROGRAM (4 & 5 yr olds)

A.M. P.M.
MON
WED
FRI

A.M. or P.M.

Child's Full Name Name to be used at school

Birth date Present age

Address Phone

Father's Name Occupation

Address

Place of Employment Work Phone

Work Address

Mother's Name Occupation

Address

Place of Employment Work Phone

Work Address

Parent Email(s):

CLASS LIST RELEASE AND AUTHORIZATION

In accordance with #5105:2-12-32 of the Administrative Code, we shall not include in any school or class roster the name, address or telephone number of any child or parent (custodian/guardian) without their written consent.

I, the parent (custodian/guardian) of do hereby grant permission for my name, address and telephone number and that of my child to be included in the school/class roster.

I, the parent (custodian/guardian) of do NOT hereby grant permission for my name, address and telephone number and that of my child to be included in the school/class roster.

Any special physical, emotional, social and intellectual or speech needs?

Parent/Guardian Signature Date