LEXPLORATIONS 2008 REGISTRATION

LCE (781) 862 -8043 FAX # 781 861-2440

Please complete ALL information below. Use pen and please PRINT CLEARLY.
Make check payable to LEXINGTON COMMUNITY EDUCATION.
Mail to: Lexington Community Education, 251 Waltham Street, Lexington MA 02421
You may pay by check or with Visa/Mastercard. Please photocopy as many copies as you need.

First Name:_____ Last Name:_____ Home Phone: _____

Nickname:_____ Male: _____ Female: _____ Grade in Sept. 08: _____

Street:_____ Town:_____ State:____ Zip:_____

Name of Mother/Father:_____ Work #: _____ Cell#: _____

Name of Father/Mother:_____ Work #: _____ Cell#: _____

Emergency Contact (not a parent): _____ Daytime #: _____ Cell #: _____
Emergency Contact (not a parent): _____ Daytime #: _____ Cell #: _____

Are there any special considerations we should know about so that your child will have a positive experience in the LEXPLORATIONS program? Please list below or attach a note describing any special needs (either medical, emotional, behavioral) and/or allergies that we should know about. LCE follows Lexington Public School health policy regarding allergies (i.e. physician's note required for nut-free room.)

_____

_____

_____

LCE only ☐

Summer 2008 Classes

Title of Class	Code	Start Date	Amount Enclosed
CHECK ENCLOSED-CK #		TOTAL	

PLEASE CHARGE THE FOLLOWING CREDIT CARD

VISA ☐ *MASTERCARD* ☐

Amount to Charge: $ _____

Account Number

V code

Signature: _____

(Name as it appears on credit card)

Expiration Date

		–		
Month			*Year*	

V-code is the last 3 digits of the number above your signature on the back.

I/We, the parents/guardians of _____ (a) minor(s), hereby consent to his/her participation in the Lexington Community Educations' LEXPLORATIONS summer program, the taking of photos of my/our children and/or promotion of the program and to his/her use of the Lexington Public School facilities and equipment. I/We further agree to release and save harmless the Lexington Public Schools, its officers, employees, agents and attorneys from any and all liability or expenses arising out of any incident involving, or any account of any injury to the above-named minors(s) in connection with such program. I/We hereby give permission to Lexington Community Education to authorize emergency personnel and/or physician(s) at a local hospital to secure proper treatment of my/our children as named above, in the event that LCE attempts to reach parents are unsuccessful. I/We agree to abide by LCE policies.

Parent's Signature: _____ Date: _____