

# LEXPLORATIONS 2012 REGISTRATION

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

Please complete all information below. Use pen and please print clearly. Please photocopy as many copies as you need.

Mail to: Lexington Community Education, 251 Waltham Street, Lexington MA 02421

You may pay by check or with Visa/Mastercard. Make checks payable to Lexington Community Education.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Nickname: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade in Sept. 2012: \_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LCE only

## Summer 2012 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

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Signature: \_\_\_\_\_

Expiration Date

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(Name as it appears on credit card)

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: \_\_\_\_\_