

NESKOWIN VALLEY SCHOOL

10005 Slab Creek Road, Neskowin, OR 97149 phone 503.392.3124 fax 503.392.3928

SUMMER COMMUNITY SCHOOL REGISTRATION FORM

Thank you for enrolling your child in the NVS Summer Community School. We look forward to getting to know you and your child and to providing an exceptional, memorable week of educational programming.

Please fill out the following information. You will also receive a letter from the teacher two weeks before the class to build your child's anticipation and to let you know helpful tips about preparing for our classes.

CLASS: _____

DATE: _____

COST: _____

STUDENT NAME: _____ **AGE:** _____

SPECIAL TALENTS AND INTERESTS: _____

ANY IMPORTANT INFO WE SHOULD KNOW ABOUT THIS STUDENT?

(food, bee allergies, medication, etc?)

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ **CITY** _____ **ST** _____ **ZIP** _____

EMAIL: _____ **PHONE:** _____

WILL THE CHILD BE RESIDING AT A DIFFERENT ADDRESS DURING THE CLASS?

If Yes, please include information below:

LOCAL ADDRESS IN SUMMER: ADDRESS: _____ **CITY** _____

STAYING WITH: _____

PHONE: _____ **MOBILE:** _____

EMERGENCY CONTACT: _____

PHONE: _____

*Please don't hesitate to call us with questions about Summer Community School.
Remember that refunds are available 21 days in advance of the class (minus a \$25 processing fee).
Please return to Neskowin Valley School at your earliest convenience. Thanks!*