

Please Print:

I, _____ & _____, the parent(s) or guardian(s) of _____, enroll my child in the Cougar Kids program at Cuesta College.

Parent/Guardian #1 Signature

Parent/Guardian #2 Signature

PLEASE PRINT

CHILD'S NAME _____ BIRTHDATE _____

NAME YOUR CHILD WANTS TO BE CALLED _____

Your child's year in school (circle) K 1 2 3

Does your child have allergies? _____ Food other? _____

PLEASE GIVE US A COPY OF YOUR CHILD'S IMMUNIZATION RECORD

PLEASE BRING A NUTRITIOUS LUNCH - WE WILL ASK FOR SNACK DONATIONS

Other things/what do we need to know? _____

Does your child take any medications? What? Why? _____

What is your child's general disposition/Personality? _____

How does he or she behave in new situations? _____

We reserve the right to reconsider your child's enrollment in our summer program if

✚ He/She is disrespectful towards self, other children, teachers or materials

✚ Displays behavior that interrupts positive participation in our program