

2010 Summer Class Registration Form

MINNEAPOLIS ONLY

Complete Saint Paul registration form for classes at Griggs Park

Classes cost \$165 per class for a one-week session. For example, if a child is registered for a morning class and a different afternoon class, the cost will be \$330. **Scholarships are available.** (See previous page.)

Child's name _____ Age _____ School _____

Session _____ AM Class _____ PM Class _____

Session _____ AM Class _____ PM Class _____

Child's name _____ Age _____ School _____

Session _____ AM Class _____ PM Class _____

Session _____ AM Class _____ PM Class _____

Class fees: \$ _____

Extended Care The fee for extended care is \$5 per a.m. or p.m. session, per day. For example, the cost of extended care for two mornings and three afternoons during a weeklong session will be \$25. **Extended care in Minneapolis is only available during the weeks listed below and is NOT available on weeks when only LEGO classes are offered.**

Session I: ___ a.m. ___ p.m. Session IV: ___ a.m. ___ p.m. Session VII: ___ a.m. ___ p.m.

Session VIII: ___ a.m. ___ p.m. Session XI: ___ a.m. ___ p.m. Session XII: ___ a.m. ___ p.m. **Extended care: \$ _____**

I would like to make a tax-deductible contribution to the Leonardo's Basement Scholarship Fund: \$ _____

TOTAL ENCLOSED \$ _____

Please enclose check payable to Leonardo's Basement or pay by credit card.

VISA _____ MasterCard _____ Check # _____

Credit Card No. _____

Expiration date _____ CCVN (three digits after signature) _____

Name on card _____

Mail registration form to:
Leonardo's Basement
4301 Nicollet Avenue S.
Minneapolis MN 55409
or Fax to 612.824.4440.

Parent Name _____ Email address _____

Address _____ City _____ Zip _____

Tele (h) _____ (cell) _____ (w) _____

Parent Name _____ Email address _____

Address _____ City _____ Zip _____

Tele (h) _____ (cell) _____ (w) _____

If parent can't be reached, call _____ Tele _____

Physician's name and phone _____ Tele _____

Allergies, medications or conditions _____

I authorize staff at Leonardo's Basement to give my child first aid and to transport my child to a health care facility if emergency medical treatment is needed. I acknowledge that I have read the Safety Policy at <http://www.leonardosbasement.org/1history.php>.

Signature of parent _____

Date _____

Each child in the summer program will receive one free T-shirt.
Please indicate the size(s) you prefer below:

Youth size: Small(6-8) _____ Medium(10-12) _____ Large(14-16) _____

Adult size: Small _____ Medium _____ Large _____ X-large _____