

BATTLE OF THE BOOKS REGISTRATION FORM
2007 – 2008

Please fill out the following information and be sure to sign at the bottom, giving your permission for your child to participate in this after school program.

Collect this information on each student participating in EMSI activities.

Teacher: _____ **School:** _____

Student Name:			DOB:			
Grade Level:			Male:		Female:	
Ethnicity:	Afro-American	Anglo	Hispanic	Native American	Asian	Other

Check the boxes below which hold true for this student. This student wants or needs:

Students who are participating because they are exhibiting behavior problems that have a negative impact on their overall healthy development.	<input type="checkbox"/>
Students are participating because they are unsupervised after-school.	<input type="checkbox"/>
Students participating who need something to do after-school.	<input type="checkbox"/>
Students participating who need academic assistance.	<input type="checkbox"/>

Name and phone number to call in case of emergency:

Name	Phone Number	Alternate Number

I have read the information sheet and given my child permission to attend the Battle of the Books program after school.

Signed: _____

Date: _____

DO NOT FILL THIS IN!!

_____ has been accepted to participate in the Battle of the Books program. It will begin on Tuesday, September 25th at 3:10 in the Chamiza library. No books are needed for the first meeting. See you then!

Please note that your student must be picked up at 4:30.

Diana Zavitz and Robina Sandoval

One registration form per child