

City Kidz World Writing and Publishing Studio Form

2011-2012 Academic Year
City Kidz World Writing Studio

Name _____

Address _____

City _____ State _____ Telephone # _____

e-mail address _____

Classes weekly: 2011-2012 Academic School Year

**Cost: \$16.25 per class session (must be paid each month in the first week).
Pay for an entire semester of 12 classes and receive a 5% discount:\$185.25**

Name of Child _____

Age of Child _____

Studio Open (1 hour to 1:30 minutes sessions available: (Please rank your choices):

Mondays

3:30 p.m.to 5:00 p.m. _____

Wed.

3:30 p.m.to 5:00 p.m. _____

Thurs.

3:30 p.m.to 5:00 p.m. _____

Sat.

4 p.m. to 7 p.m. _____

Sun.

1:p.m. to 4:30 p.m. _____

Other Times if the above times aren't convenient:

Day: _____ Time: _____ /Day: _____ Time: _____ /Day: _____ Time: _____

Accepts checks on or before the first day of class or online through Paypal before the first day class.

EMERGENCY CONSENT:

It is the policy of Child's City Kidz World Writing Studio to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____
WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF City Kidz World writing and
Publishing camp WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT
THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent/Guardian Signature

Parent/Guardian Signature

Date: _____ Date: _____

City Kidz World Writing Studio: 3530 Route Rt.27, Kendall Park , NJ 08824 , 732-514-7373