



**MIDDLE SCHOOL RECREATION PROGRAM**  
**At Lewis Middle School**  
 Operated by SAY San Diego  
 2017/18 Registration Form  
 August 28, 2017- October 6, 2017  
*Session 1*

SAY is offering a high quality academic and recreation program open to all middle school students, grades 6<sup>th</sup>–8<sup>th</sup>, attending Lewis Middle School. The program is a fun and enriching experience for your child, providing a wide variety of activities designed with your child’s age, skills, and interests in mind. Parents can chose to sign up each session for different activity blocks as listed below or sign up for all 6 sessions and be charged at the beginning of each session with no further paperwork unless changes need to be made.

Please check all the applicable boxes for each activity block that your child(ren) will attend.  
Registration is not complete until forms and all applicable fees are received at **SAY, San**

**Diego’s main office:**  
**8755 Aero Drive Suite #100, San Diego, CA 92123.**

**Attention: Enrollment**

The deadline to register for Session 1 is August 21, 2017

SAY reserves the right to cancel the program if there are not at least 20 participants per activity block.

Child name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Child name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**(You will receive confirmation and all information at this email address)**

- |   |                          |                       |
|---|--------------------------|-----------------------|
| <b>BLOCK 1: Homework Assistance</b>   | <input type="checkbox"/> | <b>\$215/6 weeks</b>  |
| Monday-Friday 2:15-3:30pm<br>(Minimum Days included)  |                          |                       |
| <b>BLOCK 2: Homework Assistance &amp; Club Activities</b>   | <input type="checkbox"/> | <b>\$475/6 weeks</b>  |
| To include crafts, cooking, & sports.<br>Monday-Friday 2:15-6:00 pm<br>(Minimum Days included) (Daily snack included) |                          |                       |
| <b>BLOCK 3: Minimum Days Only</b>   | <input type="checkbox"/> | <b>\$210/ 6 weeks</b> |
| Wednesday 1:10-6:00 pm weekly   |                          |                       |

**Please check here if you would like continual enrollment for all 6 sessions and be charged at the beginning of each session (10/9, 11/27, 1/29, 3/12 and 4/30)**

Amount enclosed: \$ \_\_\_\_\_ Check: # \_\_\_\_\_  VISA  MC  Am Ex  Discover  
 Account # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All fees are paid in advance. If a session has to be cancelled a full refund will be given. There is no pro-rating of fees. Contact (858) 565-4148 with any questions.**

Lewis Middle School Recreation Program

**Enrollment Form  
2017/2018**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_ Age: \_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_ Age: \_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home email address \_\_\_\_\_

Enrolling Parent/Guardian \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Local Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Please read the following carefully and acknowledge your agreement by initialing each section.**

Liability Release/Waiver

(Initials)

- The subcontractor provider agency (SAY) does not maintain health insurance for injuries to the participant that may arise out of the involvement in this program.
- By virtue of participation, I, or my child (ren), may risk bodily injury and or other loss including damage to property. I knowingly and freely assume all such risk for myself and my child(ren).
- I release and hold harmless and will not hold legally responsible SAY. San Diego, Inc its officers, agents, contractors, subcontractors, or employees with respect to any and all such injury and or loss except that injury or loss which results from negligence or willful misconduct of one of the individuals or organizations.
- I agree to inform my child(ren) that he/she must follow all safety rules, as well as any others given during program activities.

Medical Release

(Initials)

- I hereby authorize and give my consent for emergency medical care to be given to the above named child while he/she participates in SAY Middle School Recreation Program.

Parent Policies

(Initials)

- For parents/guardians new to SAY programs, please request a copy of the Parent Handbook from the site's Site Supervisor and initial above to indicate the following: I have received, read, and agree to abide by the policies and procedures included in Parents' Policies.

***I have read and agree to the above information regarding before & after school recreation program. I understand that there will be no refunds or pro-rating of fees. I understand that staff will not provide care outside the hours listed, and that I agree to read and follow the SAY policies given to me when I register my child(ren) in the SAY 's Middle School Recreation Program.***

**Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_**