

# 2008 **SUMMER MATH** PROGRAM FOR **CHILDREN**

## Registration Form

(Please register by July 11, 2008 and complete one form for each child.)

Child's Name \_\_\_\_\_  
Last First

Name Tag Preference \_\_\_\_\_ Gender  Male  Female

Home Address \_\_\_\_\_  
City State Zip

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Fall 2008: Entering Grade (circle only one): Pre-K K 1 2 3 4 5 6 7 8

Thank you for registering! We will confirm your registration and provide you with further information about the program, including parking details.

You may cancel your registration for a 90% refund up to seven days prior to the class.

### Register five ways:

Online: [www.bradley.edu/continue](http://www.bradley.edu/continue)

By Phone: 309-677-2820

By Fax: 309-677-3321

By Mail: Bradley University Continuing Education  
1501 W Bradley Ave  
Peoria, IL 61625

Visit us: Southwest corner of University and Main, Peoria.

Find a printable registration form at [www.bradley.edu/continue](http://www.bradley.edu/continue)

Payment options:

- Check (made payable to Bradley University). Fee: \$129  
 Credit card (Visa, MasterCard, Discover)

\_\_\_\_\_  
Credit card number Expiration Date

\_\_\_\_\_  
Signature

Payment is expected at time of registration. Please provide credit card information if registering by phone or fax.

### PARENTAL PERMIT FORM

Bradley University will not be responsible for medical fees. The law requires that parent/legal guardian permission be obtained for operative procedures on minors. The following consent form should be signed by the parent or legal guardian so that unnecessary delays will not occur with operative procedures. However, no operation will be performed, except in an emergency, without parents being contacted and fully informed. Please print all information.

\_\_\_\_\_  
Child's Physician (please print) Physician's Phone

\_\_\_\_\_  
Indicate child's special medical needs. Include Medic-Alerts (allergies, reactions, etc.)

\_\_\_\_\_  
Name of Parent or Guardian Emergency Contact Phone

\_\_\_\_\_  
Second Emergency Contact Name Phone