

Friday

CRCS CO-OP REGISTRATION FORM

Student Name	Grade	Age	9am	10am	11am
Parent's Name (helper position)			9am	10am	11am

Family Name:

Adult Attendee:

Phone:

Email:

EMERGENCY CONTACT INFO:

NAME: _____ **#:** _____

(RELATIONSHIP): _____

FOOD OR LATEX ALLERGIES OR MEDICAL CONDITIONS:

STUDENT NAME:

PARENTS: Any medical conditions that you want us aware of for yourself? (Optional)

Teen Drivers:

- 16 and up can come to co-op without a parent.
- \$50 drop off fee for each semester

Teen Driver's Name:

FEE PAID: ☐

I read and understand the rules to participate in Co-op.

Signature: _____