



**City of Grosse Pointe Woods
Parks and Recreation
Summer Programs Registration Form**

MAIL-IN REGISTRATION INSTRUCTIONS

1. Registration forms must be submitted **by mail** or drop box with payment by **May 15, 2009**. Registration forms postmarked after May 15, 2009 will be considered void and will be returned.
2. Please complete one form per family. Additional copies can be made if more space is needed.
3. The registration form and a check made payable to the City of Grosse Pointe Woods should be placed in an envelope marked "SUMMER PROGRAM REGISTRATION."
4. Payment and form must be either sent to City Hall (20025 Mack Plaza, GPW, MI 48236) or placed in the drop box in front of City Hall.
5. Receipts will be mailed once students are placed in classes.
6. Please **do not** drop off registration materials at Lake Front Park or the Cashier's Office.
7. Registration forms sent without payment will be void.
8. No refunds will be given except for medical reasons with documentation.
9. All contact information is required. Registration forms will not be processed without this information.
10. A parent or guardian must sign the registration form to verify consent for participation.
11. To enroll a participant in more than one class, enter the same name on another line in the "Participant Information" section of the Registration Form.
12. For a list of classes offered, along with times and fees; please see the May 2009 issue of the *City Update* which was mailed to each GPW household. The *City Update* will also be available online at www.gpwmichigan.us and by clicking on the GPW update link on the left-hand side of the page.
13. An alternate time must be listed for each class except those without an alternate time.
14. If you register for Sessions 2 or 3 Swim Lessons, the participant will be assigned to the same level as Session 1. Once the prior level is completed, the participant will be transferred to the next class if he/she passes the class in the prior session.



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MAIL-IN REGISTRATION FORM**

Family Last Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 E-mail address: _____ Cell Phone: _____

Participant 1: _____
Name

Allergies or special needs: _____

Gender: _____ D.O.B: _____

Ses- sion	Class	Time	Alt. Time	Fee

Participant 2: _____
Name

Allergies or special needs: _____

Gender: _____ D.O.B: _____

Ses- sion	Class	Time	Alt. Time	Fee

* If additional space is needed to explain specific needs of your child, please attach a separate sheet.

_____ Consenting Parent or Guardian (please print) _____ Signature of Consenting Parent or Guardian _____ Date