STUE	ENT REGISTRATION FORM
Hopi and Dine' Language Enrichment Camp For current 1 st – 6 th grade students. June 05, 2018 – June 28, 2018 - Killip Community School – 2300 E. 6 th Ave. Monday through Thursday: 7:30 AM 12:30 PM	
	ppi: Hopi Name:
Child's Name:	Male Female
Print First Name	Print Last Name Male Female
Child's Clan:	Paternal
Maternal Grandparent	Paternal Grandparent
Current School:	
Parent/Guardian Name:	Contact No.:
Home Address:	
Emergency Contact:	Phone:
Physician's Name:	Phone:
Does your child have any health concerns or If yes, please explain:	•

PERMISSION & SIGNATURE

I hereby give permission for my child to attend the Summer Language Enrichment Camp at **Killip Community School.** My child may participate in any educational field trip(s) as part of the program. In addition, I authorize the release of my child's name, photo, film, video or sound recordings performed for the purposes of promotion of the Summer Language Enrichment Camp. In the event of an emergency, I authorize any necessary medical care for my child. I further understand that student attendance is required during the 4-week summer camp and I understand if my child misses two (2) days, my child will be withdrawn from the program. There is no refund for early withdrawal.

Date:

Registration Fees: \$30.00 FOR First Child Second Child: \$10.00 (Cash or Money Orders ONLY) **REGISTRATION DUE DATE: MAY 31. 2018** Registrations are accepted on a first-come, first serve basis. MAIL REGISTRATION FORM(S) AND PAYMENT TO: FUSD Indian Education Support Program C/O Ms. SARA CODY 3285 E. Sparrow Ave., Flagstaff, AZ. 86004 Information: (928) 527-6165/6164 Navajo Nation Johnson O'Malley Program