

2009 REGISTRATION FORM

- or- Online at www.brightlights.org



- Register one student per form. Print from website for additional children or reproduce form if necessary.
- Completed registrations with full payment are processed first-come, first-served by postmark.
- You will be contacted ASAP with any registration issues.
- Incomplete registrations will delay processing and may result in student not getting into classes!

Check "What's New" at www.brightlights.org for the latest class updates.

Parent/Guardian's signature is required below.

Has student previously taken a Bright Lights Class? Yes No

Student's Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

School _____ Grade on April 1, 2009* _____ Male Female

*Students must be completing, or have completed, the grade listed.

Home/Local Phone _____ Emergency Phone # _____

Father's Name _____ Mother's Name _____

Father's Day Phone _____ Mother's Day Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Email Address _____

In case of a school-wide emergency situation during the summer, you will be contacted via the email address you provide. This will also be used to provide you with Bright Lights program information.

Check the boxes to indicate that you have read the information below. Refer to our policy page at www.brightlights.org for Q&A's and a complete listing of policies.

Registration Guidelines: Bright Lights is a nongovernmental, nonprofit organization that provides its programs through donations and the fees it charges. Bright Lights does not receive any local, state or federal funding. Fees and donations do not come close to covering actual cost. As a result, we cannot afford and do not offer special education or medical support services like those provided to children in public and private schools. If your child has medical, mental, behavioral or other conditions or other special needs (such as the need for special equipment, one-on-one supervision, etc.) and you cannot provide Bright Lights with the resources necessary to meet those special needs, Bright Lights will not be appropriate or suitable for your child. If your child has special needs and you are willing to provide the necessary resources, please visit with us prior to registering; please register at least two weeks before the end of school to allow for best placement of your child.

Medical Information:

State any medical, physical and behavior conditions Bright Lights should be aware of: (or none) so we can best serve your child. _____ You may receive a follow-up phone call. If you

have been contacted by Brights Lights in previous years concerning behavior matters with your student, please contact bhoppe@brightlights.org to review enrollment.

Bright Lights follows a medically approved health protocol. The dispensing of medications at Bright Lights is strongly discouraged except when necessary for the management of your student's health and well-being in an emergency situation.

Students should not bring non-emergency medications to Bright Lights. Please consult your physician or pharmacist as the dosage intervals of many medications can be adjusted so the times for taking the medication fall outside Bright Lights' hours.

Does your student require emergency medications? Epi pen Asthma inhaler Insulin

If a box is checked, a medical form is available at www.brightlights.org or will be mailed by request to complete and return. This information is kept confidential; however, it may be shared with the appropriate education staff to ensure your student's safety.

Parent/Guardian Authorization:

• I consent and give permission to Bright Lights for my child to participate in field trip(s). Parents will be notified.

• I consent and give permission to Bright Lights and their community partners the authority to publish and reproduce my child's photograph/video and materials for promotional/fund raising purposes and understand I/we receive no compensation.

• I understand no health support is available at community site classes/camps (noted with an * next to class name).

• I consent to emergency medical attention for the above child.

• I understand that, as a parent of a student participating in a Bright Lights program, should my child maliciously damage/break any property/equipment/supplies, I am responsible for the repair/replacement cost of such property/equipment/supplies.

I approve of this Parent/Guardian authorization. Signature required to process this registration.

PARENT/GUARDIAN SIGNATURE X

Date X

TUITION COSTS:

Half day classes \$99; Day camps \$198; Bus: Free; Before Care (Randolph only) \$15; Lunch Care (Randolph only) \$10

Additional Fees: Listed in class description.

Payment of all fees is due with registration.

| Class# | Class Name | Tuition | Add'l Fee | = | Total |
|--------|------------|---------|-----------|---|-------|
| _____ | _____ | _____ | _____ | + | _____ |
| _____ | _____ | _____ | _____ | + | _____ |
| _____ | _____ | _____ | _____ | + | _____ |
| _____ | _____ | _____ | _____ | + | _____ |
| _____ | _____ | _____ | _____ | + | _____ |
| _____ | _____ | _____ | _____ | + | _____ |

Program costs include teacher and assistant background checks, health and safety, busing, need-based scholarships, classroom rental and insurance. With your generous tax deductible donation, you will help close the gap between the actual cost of \$215 versus the tuition charge of \$99, making tuition more affordable to more families. You can make a difference.

Order a Bright Lights T-shirt!

Mark size and include \$9 payment.

- YS YM YL AS AM AL AXL
- o Purchased T-shirts will be distributed on the first day of class.
- o All T-shirt sizes may not be available after May 15th.
- o Free T-shirts for
 - Day Camps
 - International Classes
 - All Scholarships

Class Subtotal: _____

*\$10 Scholarship Deposit (if applicable) _____

\$9 T-shirt (optional): _____

*Tax-deductible Donation: _____

**Total Enclosed:

Make check payable to **Bright Lights, Inc.**
PO Box 67160, Lincoln, NE 68506-7160

- Note: Registration changes resulting in overpayment of \$10 or less will be credited as a donation unless you contact us for a refund.
- *If applying for a scholarship, submit a \$10 deposit with registration for one class. Full payment if expected for additional classes.
- A processing fee of \$20 for each class/camp will be charged if a student withdraws on or before May 29. After May 29, no refunds will be issued. \$20 will be charged for a returned check.

ALTERNATE CLASS CHOICES

This allows immediate placement of students when first choice classes are full.

| Class# | Class Name |
|--------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

HOP THE FREE BUS!

June 15-19: I will ride the free bus to/from **Randolph** at
 Clinton Hartley Elliott

June 22-26: I will ride the free bus to/from **Randolph** at
(Morning only) St. Mary's

June 22-26: I will ride the free bus to/from **Lux** at
(Morning only) St. Mary's Randolph

July 6-10: I will ride the free bus to/from **Randolph** at
 McPhee Everett Saratoga Prescott

A bus permission slip is required for each mail-in registration. Print a copy at www.brightlights.org and attach to this registration.



For grant writing purposes, please include your ethnic group:

- White/non Hispanic Hispanic/Latino Native American Middle Eastern
- Asian/Pacific Islander Black/African American Bi-racial