

My child _____ is scheduled to participate in the Science Exploration Workshop activity to be held at the Ft. Lee Women's Museum from _____ a.m. to _____ p.m. on _____ (day of the week) beginning _____.

I understand I am responsible for picking up my child and I must be there at the end of class to assume responsibility for my child.

Classes will not be made up or pro-rated because of my child's failure to attend because of sickness or vacation.

For any class cancellation by the instructor or other unforeseen events, every attempt will be made to reschedule a make-up class or appropriate credit given to your account.

Students are required to follow all classroom rules and instruction given to ensure their safety and the safety of others.

Parents are responsible for notifying our office of any changes in contact or emergency notification information.

I authorize Child, Youth & School Services, SKIES Unlimited Program to take pictures of my child to be used for the purpose of promoting Ft. Lee Child, Youth & School Services youth activities, use on the MWR website, and use for other MWR publications. I give also give CYSD staff member's permission to transport (walk) my child to designated area for karate lessons.

Parents are responsible for notifying our office of any changes in contact or emergency notification information.

I understand the SKIES program handbook is available on the SKIES web page at <http://www.leemwr.com/skies>.

Printed Name

Date

Signature of Parent

Signature of CYS Staff



MESS KIT KID EXPLORING ARMY FOOD THROUGH SCIENCE WORKSHOP



Session I: Jul 1, 2009

Session II: Aug 11, 2009



MESS KIT KID WORKSHOP INFORMATION

Registration thru: August 7, 2009

AGES: 6-11

COST: \$15

TIME: 8 AM – 12 PM

LOCATION: Ft. Lee Army Women's Museum

SKIES Unlimited, in partnership with the U.S. Army Women's Museum and Quartermaster Museum, is offering a summer hands-on activity through exploring the world of Army food, its origin and the science of it all!.

Early registration is recommended. A minimum of 6 participants are needed to hold a workshop.

Snacks will be provided during the workshop. Participants are to arrive at that Museum no earlier than 7:45 a.m.

Eligibility: Family member of Military/DoD Civilians & DOD Contractors

ACTIVITY FEES ARE NONREFUNDABLE

All participants must be registered with Child, Youth and School Services

**REGISTRATION CAN BE COMPLETED AT THE
CENTRAL REGISTRATION OFFICE**

BLDG 10612

YORKTOWN DRIVE

HOURS OF OPERATION:

MON-FRI, 7:30 A.M.-4:30 P.M.

FOR MORE INFORMATION CALL

765-3196 OR 765-3852

Early registration is recommended.

**Parent concerns may be addressed to:
Chaundra Taswell, SKIES Director, 734-0612**

MESS KIT KID WORKSHOP REGISTRATION

Session I: _____ Session II: _____

Name of Attendee _____ Male/Female

Birthdate: M/____ D/____ Y/____ Age: _____

Sponsor/Parent Name: _____

Address: _____ SSN (last 4) _____

Phones: Home _____ Work _____ Cell _____

Spouse's Name: _____ Phone: _____

Emergency Contact: (other than parents) _____

I certify the information previously provided on the CYSD registration form is correct and/or has been corrected/updated above. I understand all registration fees, activity fees and deposits are non-refundable ____ (parent's initial).

I agree to assume all responsibility for any hazards incidental to participation in the above sport/activity. I will not hold DFMWR, CYSD staff, and/or any volunteer, responsible for any accident or injury that may occur during my child's participation.

Sponsor consent: I _____ (parent/guardian) of _____ give consent for an authorized CYSD representative (staff/coach) to take my child(ren) for care, medical or dental in an emergency situation where the child's condition represents a serious or imminent threat to his/her life, health, or well being. I understand a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at an Army Medical Facility may be provided without additional consent under the provision of AR 50-3, paragraph 2-19 _____ (parent's initials).

Parent's Signature: _____

Date: _____