

MATHEMATICS ENRICHMENT PROGRAM

ENROLLMENT FORM

CHILD'S NAME: _____

PARENT: _____

ADDRESS: _____

PHONE NUMBERS: _____

E-MAIL ADDRESS:

SCHOOL: _____

GRADE: _____

ALLERGIES: _____

My child _____
has my permission to participate in the Arlington Baptist College Mathematics Enrichment Program. I waive and release any and all claims for myself and my heirs against Arlington Baptist College, college students, class professor, and any person associated with Arlington Baptist College for any injury, illness, or death which may result from my child's participation in the Mathematics Enrichment Program.

I understand that all transportation to and from the above Program is the responsibility of the parent/guardian and that Arlington Baptist College will in no wise transport my child in any vehicle while they participate in the Program.

I understand that at times my child's teaching sessions may be videotaped for the purposes of improving the teaching skills of the Arlington Baptist College students. These taping sessions are for instructional purposes only and are not for commercial use.

Finally, I understand that the Mathematics Enrichment Program does not imply nor guarantee any specific academic gains. Participation in the Program is voluntary and for enhancement of mathematics' skills only.

PARENT SIGNATURE: _____

DATE: _____

****\$35 per child fee enclosed. Checks made payable to : Arlington Baptist College****

