

# CRICKET ACADEMY REGISTRATION – Fall 2018

[www.criquetacademy.org](http://www.criquetacademy.org)    e-mail: [admin@criquetacademy.org](mailto:admin@criquetacademy.org)

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

We are a RETURNING family and were referred to Cricket Academy by: \_\_\_\_\_

We are a RETURNING family and heard about Cricket Academy from: (check all that apply; double click on the box to check it.)

- friends/relatives     brochure     Betty Brinn Children’s Museum     Fair/Exhibition  
 website     Cricket Academy presentation at school     other (please list) \_\_\_\_\_

Participant’s Name: (first & last)	Course Title: (use an extra line to list class time choice, if applicable, or friend request)	Birth date: (children only)	Race*: (optional)	Course Fee:

*\*Requesting & collecting racial data ensures Cricket complies with IRS non-discrimination rules.*

	Subtotal	
	Discount	
	<b>TOTAL FEES</b>	
	<b>REMIT NOW</b>	
	<b>REMAINDER DUE FIRST DAY OF CLASS</b>	

- Payments due by **first class of Fall Session on September 9, 2018.**
- Make checks payable to: **MCCC, and write "Cricket" in the memo section of the check.**
- Mail to: **Milwaukee Chinese Community Center, P.O. Box 664, Brookfield, WI 53008-0664**
- Confirmation of registration will be sent out via email at the beginning of the semester.
- Refer NEW families and receive partial credit toward Fall 2018 tuition. See website for details.
- Families who register 2 (or more) students will receive a tuition credit of \$20 for Fall 2018. See website.
- Volunteer Opportunity – email [admin@criquetacademy.org](mailto:admin@criquetacademy.org) for details.

Family Name: \_\_\_\_\_

Fall 2018

## CRICKET ACADEMY REGISTRATION

### Important Information

#### **Emergency Contact Information**

During Cricket Academy hours (Sunday afternoon) it is crucial that we are able to contact parents or a designated person should an unforeseen event occur. Please list information for another person who can act in your absence on behalf of your child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### **Food Allergies**

If your child has any food allergies/sensitivities or has a restricted diet for any other reason, please speak directly with the supervisor in your child's class. Make sure that the foods are listed on the class snack sign-up sheet so that all parents are aware of the foods to be avoided. Finally, double-check with the supervisor in the classroom when you drop off your child. A substitute supervisor may not be aware of your child's needs as related to food and will need to be informed. If your child's reaction is particularly severe, please consider sending a special snack with your child to ensure safety.

#### **Photo Release**

Cricket Academy has various marketing materials, both online and print, which may include photographs of students participating in activities at Cricket Academy. (Double click on the box to check it.)

- I agree to allow Cricket Academy to use my child's image on marketing materials **without** a name attached.  
 Please do **not** include my child's image on any materials depicting activities at Cricket Academy.

#### **Directory Release**

Cricket Academy may compile a directory of families involved in Cricket Academy which is distributed to families currently enrolled in Cricket Academy. (Double click on the box to check it.)

- I agree to allow Cricket Academy to publish my family's name, address, home phone, email, children's names, and age in its annual directory.  
 Please include only the following information in the directory: \_\_\_\_\_

#### **Additional Concerns/Special Needs**

Please let us know if there are any particular ways that we can assist your child in getting the most out of their time at Cricket Academy. Feel free to write a note in the space provided or speak directly to the classroom staff. (Example: My child hears only out of her right ear and needs to be seated so that her hearing ear is toward the teacher.)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name