

**Registration Form for Beadle Middle School Jump Start
Wednesday, August 3, 2018**

***You may also register and pay on-line at: <https://mpsomaha.revtrak.net/>**

Student Information: (Please Print)

Last Name: _____ First Name: _____
Address: _____ Zip Code: _____
Male/Female: _____ Date of Birth: _____ Home Phone: _____
Current Elementary School: _____



BMS Jump Start Time Preference: (Please Select One)

8:00 a.m. - 11:00 a.m. _____ OR 12:30 p.m.-3:30 p.m. _____

Parent/Guardian Contact Information (Please print)

Parent Name: _____ Parent Name: _____
Phone #: _____ Phone #: _____
Cell Phone: _____ Cell Phone: _____

Authorization:

Other than a parent or guardian, the following person is authorized to pick up my child after *BMS Jump Start*:

Name: _____ Phone: _____

My child has permission to walk home (please circle): Yes No

My \$10.00 registration fee is enclosed. (Make checks payable to: Beadle Middle School). You may return this registration form and your check to:

**Beadle Middle School
c/o Rhonda Hildebrand
18201 Jefferson Street
Omaha, NE 68135**

Health Concerns

Please list/describe any health concerns (vision, hearing, diabetes, asthma, allergies, restrictions, etc.) which we should know for the *BMS Jump Start* events: _____

BMS Jump Start will be a fun filled and challenging learning experience for students. To ensure that all students are safe and able to learn, the same behavior appropriate during the regular school year will be expected. Seating is limited. Please enroll your child by July 20, 2018 in order to guarantee your child a place in Jump Start.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____