

ARISE REGISTRATION FORM

YEAR 2019

Child's Name _____ Parent/Guardian _____

Phone (Home) _____ (Work) _____

Address _____

I hereby grant permission to ARISE to take photographs of my child and to use them to publicize or promote ARISE.

I give permission for ARISE Coordinators to contact school personnel for information that may be useful in assisting my child in his/her activity(s).

Signature _____ Teacher Name & School _____

Mail Completed Form To: Deb Johansen, ARISE
Quarryview Education Center
Community Education
800 S. Seventh St.
Waite Park, MN 56387
320-370-8212



I have registered my child for the following activities and would like an ARISE staff to assist:

Activity	Agency	Start Date	Completion Date	Days M T W Th F S S	Time	Total # of Sessions
1) _____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____

Action Plan: