



Child's Name _____

Parent/Guardian _____

Phone (Home) _____ (Work) _____

Address _____ County _____

Email 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:

ARISE Program
Quarryview Education Center
800 7th St S
Waite Park, MN 56387
320-370-8204
ARISE@isd742.org

For more information visit www.isd742.org/CommunityEd

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

ACTIVITY	AGENCY	START DATE	END DATE	# OF SESSIONS	TIME	DAYS OF WEEK	ACTION PLAN
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