

Riverbend Community Math Center Registration Form

Name of Student _____ Birth Date _____

School _____ Grade _____

Address _____
city state zip

Parent/Guardian Phone Number(s): _____
home mobile

Parent/Guardian Email(s): _____

Student Pick-up The Riverbend Community Math Center cannot monitor nor be responsible for students outside the building. The parking lot is in front of the building, but not completely visible from the front desk. (Choose one.)

- My child may leave the building on his/her own.
- A responsible adult will come inside to pick up my child.
- The following person(s) will come inside to pick up my child: _____

Photo Opt-Out We sometimes take photos or videos during events to use in promotional material or on the web page. We never release personal information or last names of students, but we sometimes use first names. **Please check the box below if you DO NOT want us to take photos of your child.**

- The Math Center MAY NOT use photos of this student.

Permission to Attend This student has permission to attend events sponsored by the Riverbend Community Math Center.

Parent or Guardian Signature _____ date _____

Print name _____