

June 10 - June 14 Mon. - Fri. 8 - 11:30am

**2024** REG FORM

Cost: \$199 by June 3rd or \$250 after June 3rd For more information visit www.cart.org or call 559.248.7400
Sibling Discount Available | \$150 each additional sibling

| Student Info.  |   |   |   |  |  |
|--|---|---|---|--|--|
| AST NAME   | FIRST NAME  |   | AGE                                     |  | BIRTH DATE                                   |
| DDRESS   |   | CITY  | ZIP                                     |  |  |
| EMENTARY SCHOOL OF ATTENDANCE  |   |   | SCHOOL [                                | DISTRICT                                   |  |
| Lab Choice / Shirt Si  | ze  |   |   |  |  |
| Lab Choice Please rank order your preference first choice and three (3) being you will proceed to your second choice come, first serve. This is an enrich Builder's Workshop  Lame Design Lamini-Med School Pixel Playground | our last choice. If your first<br>te and then your third ch | st choice is full we<br>noice. Labs fill up first<br>or credit.<br>s<br>& Airplanes | Youth S Youth I Youth I Adult S Adult N | luded in the p<br>Small<br>Medium<br>Large | orice of the academy.                        |
| Parent/Guardian Inf  | 0.  |   |   |  |  |
| AME  |   | HOME PHONE  |   | CELL PHONE                                 |  |
| ELATIONSHIP TO STUDENT   |   | EMAIL ADDRESS   |   |  |  |
| <b>Emergency Contact</b>   |   |   |   |  |  |
| NTACT #1 NAME  |   | RELATIONSHIP TO STUDEN  | Т                                       | PHONE NUMB                                 | ER   |
| DNTACT #2 NAME   |   | RELATIONSHIP TO STUDENT   |   | PHONE NUMBER                               |  |
| case of illness or other emerger<br>ch arrangements as he/she deen<br>cumstances I further authorize t<br>HYSICIAN NAME  | ns necessary for my child                                   | to receive medical or he  | ospital care, inc                       | luding transp                              | ortation. Under such<br>ild as needed.<br>ER |
|  |   | Looi  | ICV NILIMBED                            | . HONE NOIND                               | too I l                                      |
| ☐ Food Allergies, medications, o☐ I agree to the academy policie☐ I give permission for my child promotional materials for the o   | s and I agree that my chi<br>to be photographed dur         | Please explain:<br>ild will abide by academ<br>ing the course of the ac             |   | hotos may be                               | used in future                               |
| ARENT SIGNATURE  |   |   | ATE                                     |  |  |