



Santa Barbara Creative Education  
Montecito Union School  
Entrepreneur Club

\_\_\_\_\_ Member Last Name

\_\_\_\_\_ Member First Name

Date of Birth: \_\_\_\_\_ Grade Level at Entry: \_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Student Age: \_\_\_\_\_ Class Number: \_\_\_\_\_ Teacher: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Food/Food Products not allowed:

Medications Required: \_\_\_\_\_

Dose: \_\_\_\_\_

Schedule: \_\_\_\_\_

Doctor Note on File: \_\_\_\_\_

Medications Required: \_\_\_\_\_

Dose: \_\_\_\_\_

Schedule: \_\_\_\_\_

Doctor Note on File: \_\_\_\_\_

Special Needs/Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved for Pick up: \_\_\_\_\_  
Approved for Pick up: \_\_\_\_\_  
Approved for Pick up: \_\_\_\_\_  
Approved for Pick up: \_\_\_\_\_  
Approved for Pick up: \_\_\_\_\_

P/G Initials:  
P/G Initials:  
P/G Initials:  
P/G Initials:  
P/G Initials:

I \_\_\_\_\_, and \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian 1)

\_\_\_\_\_  
(Parent/Guardian 2)

Do hereby agree and contract to register the following:

\_\_\_\_\_  
Child #1 Full Name

\_\_\_\_\_  
Child #1 Full Name

\_\_\_\_\_  
Child #1 Full Name

Fees is \$490.00 for semester session. I agree to pay the full fee in advance with understanding it is a nonrefundable payment. Scholarship Applications and other sources of funding may be available on request.

Signed,

\_\_\_\_\_  
(Parent/Guardian 1)

\_\_\_\_\_  
(Parent/Guardian 2)