

Workshop ~ Lunch Registration Form

Please print clearly and return to your student's homeroom teacher by Friday, January 16, 2009 with a check for \$40 made payable to R.J. Grey Junior High. If we do not receive your completed form by the deadline, we will contact you by telephone.

We will make every effort to place you in the workshops of your choice,
but we can make no guarantees.

Please complete this form with your child. Record your choices for the workshops you both wish to attend below. You and your child will be attending **3 workshops**. **Students and accompanying adults are required to attend two (2) workshops together, however you may attend all three workshops together.**

Student's Name: _____ Team & Homeroom _____

Adult's Name: _____ Relationship to Student _____

Phone number: _____

Attend Together: List 5 choices in order of preference. You will be put in at least 2 workshops together. *If you want to attend all 3 sessions together, ONLY fill in this section and DO NOT fill in the next two sections.*

Workshops #: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17G* 18 19 20

Choices in order of preference: _____

Adult to attend alone: List 3 choices in order of preference. You will be put in 1 workshop to attend alone, as long as your student chooses a workshop to attend alone.

Workshops #: 1 2 3 4 5 6 7 8 9 10 11 12 13 21 22 23 24 25 26 27

Choices in order of preference: _____

Student to attend alone: List 3 choices in order of preference. You will be put in 1 workshop to attend alone, as long as your adult chooses a workshop to attend alone.

Workshops #: 1 2 3 4 5 6 7 8 9 10 11 12 13 28 29 30 31 32G* 33 34

Choices in order of preference: _____

*17G is restricted to female students and either parent, 32G is restricted to female students only

Lunch Preferences (circle one each)

Student Choice	Turkey	Veggie	Tuna	Roast Beef
Adult Choice	Turkey	Veggie	Tuna	Roast Beef

Please note: Sandwiches may contain nut products

_____ Please check here if eating lunch with your child is a priority

_____ Please check here if you would like to help sponsor a family (or families to attend Project Wellness and add your donation amount to your payment).

PLEASE COMPLETE OTHER SIDE

PERMISSION SLIP FOR PROJECT WELLNESS

Student's Name _____ Parent/Guardian _____

On Wednesday, March 18, 2009, 7th grade students and an adult family member/guardian will spend the day at Merrimack College in Andover, Massachusetts.

_____ **I will provide transportation for me and my child to Merrimack College.**

I understand that I am responsible for transporting my child to the college for registration between 7:45 and 8:15 a.m. and for transporting my child home at the conclusion of the program at 2:20 p.m.

Please check one of the following if alternative transportation is required:

_____ **My child is attending without a parent/guardian and will need to be transported to and from Merrimack College.** I understand that the school district will provide transportation. However, once Project Wellness has ended and my child is back at RJ Grey, I will need to arrange or provide transportation for him/her home.

_____ **My child and I will need to be transported to and from Merrimack College.** I understand that the school district will provide this transportation. However, once Project Wellness has ended and we are back at the junior high, we will need to arrange our own transportation home from the junior high.

I understand that if I choose to have another family transport my child, the school district will have no responsibility for ensuring the safety or availability of that transportation, and I agree to hold the school district harmless of and from any claims in that regard.

Information About Project Wellness Promotional Material

_____ During Project Wellness Day there is the possibility that you or your child would be included in a photograph or videotape, which may be used for brochures and/or presentations about the program. Please check the space to the left **ONLY if you DO NOT** want you or your child's image to possibly be included in the materials that are developed.

Reminder About Child Health and Medication Requirements

Please note that if your child requires medication during the day, it is your responsibility to administer such medication to your child.

Parent/Guardian Signature and Date

Phone Number

Please see and complete reverse side