



**MILWAUKEE
PUBLIC SCHOOLS**

Office of Academics
Department of Curriculum & Instruction
First Nations Studies
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Milwaukee, WI 53204
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**First Nations Studies
Reading Circle Book Club**
After-school Reading Program with Ms. Alyssa

REGISTRATION FORM — Please fill in one registration form per child. Please print.

Student Information

Last name		First name	Middle initial
Gender: Male	Female	Birth date (Month/Day/Year) ____/____/____	Grade
Home address		Apt. City	ZIP
Home phone			
Email			
School		Student ID	
Tribe			

Emergency Contact Information

Parent/Guardian #1: Mother	Father	Guardian	Parent/Guardian #2: Mother	Father	Guardian
Name			Name		
Phone: Mobile			Phone: Mobile		
Phone: Home/Work			Phone: Home/Work		
Email			Email		
Address			Address		
City/State/Zip			City/State/Zip		

Health Information

List any condition(s) this student has:

List any medication(s) this student is currently taking:

List any known allergies this student has:

Student's doctor	Clinic name/phone
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Parent/Guardian Consent and Photo Release

I hereby give permission that my child _____ can participate in the First Nations Studies, MPS Reading Circle Book Club (Grades 2–6) at Southeastern Oneida Tribal Services every Thursday from 5:30 – 7:30 p.m.

I understand as parent/legal guardian of the child listed on this form, that there are times when the local media requests the opportunity to videotape, take photographs and/or interview children within the Milwaukee Public Schools. I also give permission to MPS to make or use pictures, digital images or videos of my minor child or of materials owned by me or my child and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the First Nations program and can be revoked by the parent and legal guardian at any time in writing. *I hereby certify that I have read and do understand the above information:*

Parent/Guardian Signature	Date
Print – Parent/Guardian Name	
Please list any dates your child will not attend the program:	

**For additional questions, please contact First Nations Studies, MPS at (414) 902-7312
or e-mail 997@milwaukee.k12.wi.us.**