

# NBHSA 2010 TESTING REGISTRATION

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Please circle two days that you are able to work during testing. Volunteer roles include helping with children of teachers and helpers kindergarten age and under, assisting a teacher in the classroom, signing children in/out, and room setup and take down. We will do our best to accommodate your choices. You will be notified by phone to confirm the dates.

Wednesday, April 28      Thursday, April 29      Friday, April 30

Any special circumstances that we need to know about: \_\_\_\_\_

## CHILDREN TO BE TESTED (no nick-names or abbreviations please):

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>D.O.B.</u>	<u>Grade Testing</u>
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____

## Children needing nursery when parent volunteers (must be 6 or younger):

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____

Member: \$50, per student      Amt. Pd. \_\_\_\_\_ Cash or Check # \_\_\_\_\_

Non-member: \$65, per student      Amt. Pd. \_\_\_\_\_ Cash or Check # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_