

Student's Legal  
Last Name: \_\_\_\_\_

Student's Legal  
First Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

School Attended LAST School Year \_\_\_\_\_ Grade Completed in LAST School Year (circle): **KG** 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>

Registration forms must be delivered **in person** to **Plano ISD-PASAR Finance Office, 2201 W. Spring Creek Parkway, Plano**  
Registration forms mailed or left in drop box will be returned as unacceptable.  
**Regular Hours:** 8 AM – 4:30 PM – Monday – Friday  
**Summer Hours: Closed All Fridays June 15-July 24, and Closed July 6, August 7 & 14**

## 2009 SUMMER PASAR STUDENT REGISTRATION FORM

One (1) Registration Form per Student

Tax ID# 75-6002252

- Wednesday, May 6, 2009 - Summer PASAR registration **begins**.
- Payment in full required at registration for all weeks' enrollment.
- Additional weeks can be added if deadline met; payment in full required at that time for ALL additional weeks
- Cancellations must be completed in person by established deadlines.
- No business checks, DBA checks and no temporary checks accepted.
- **Students must be able to work in a group of 1:20 ratio.**
- See page 3 of this form for **Deadline Dates** to Enroll & Cancel.
- No multi-student discount for Summer PASAR.
- All fees are included in the weekly tuition – no registration fee, no field trip fee, no supply fee.
- No drop-ins for Summer PASAR.
- Valid drivers license photo ID required for ALL payments.

**FOR FINANCE USE ONLY**

Balance Due \$ \_\_\_\_\_ Paid by Cash, CC, Ck/MO# or Mixed \_\_\_\_\_

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**Summer Tuition Payment**

Check/ MO # \_\_\_\_\_ Amt \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_  Cr C Amt \$ \_\_\_\_\_

Registrar Initials \_\_\_\_\_ Total Paid \$

Circle only week# **paid:**  
5-Full Day Weeks: 1 2 4 5 6 7 8 9    Half-Day Weeks: 1 2 4

Week 3 [4 days only] Full Day AM PM

Standard       Employee       Free & Reduced

**1. ENTER the information for the Financial Customer:**

Financial Customer: \_\_\_\_\_ (print legibly)      Customer #: \_\_\_\_\_  
(leave blank, if unknown)

Complete BILLING Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell/Work/Home  
Email is Finance Office's **primary** method used to contact customers. All email changes must be submitted to Finance ASAP. [Circle One]  
If customer must be contacted by phone rather than email, written notification must be submitted to Finance Office when enrolling.

**2. MARK with ✓ the category under which you qualify:**

Standard Tuition       Free & Reduced Lunch Discounted Tuition Rate [Current FANS letter required]

Plano ISD Contracted Employee Tuition - Position: \_\_\_\_\_ Campus or Dept. \_\_\_\_\_  
**Bring:** PISD ID badge (or PISD HR Contract required if new district employee) **AND** employee must be F. R. Customer to receive employee discounted rate PISD SUBS & ADULT TEMPS DO NOT QUALIFY FOR EMPLOYEE RATE [PISD employment will be verified]

Student's Legal  
Last Name: \_\_\_\_\_

Student's Legal  
First Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**PICK-UP CONTACTS, including parents**, will be allowed to pick up my student, if marked for pick up. The information listed below will REPLACE all existing information on pick-up contacts at the time this form is received in the PASAR Finance Office. Older siblings may pick up provided there is a signed notarized permission letter and photo ID on file with the PASAR Site Manager at your site. The following contacts listed below may serve as my agent and have my permission to pick up my student from PASAR and receive PASAR information distributed by PASAR staff.

Relationship To Student: <b>Father</b> <b>Guardian</b> <b>Other:</b> _____ <i>(Circle One)</i>	Relationship To Student: <b>Mother</b> <b>Guardian</b> <b>Other:</b> _____ <i>(Circle One)</i>
FIRST Name: _____ LAST Name: _____	FIRST Name: _____ LAST Name: _____
Street Address: _____	Street Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Home #: - - - Cell #: - - -	Home #: - - - Cell #: - - -
Work #: - - - <b>PICK UP? circle → Yes No</b>	Work #: - - - <b>PICK UP? Circle → Yes No</b>

List 2 additional pick up contacts Full Name (ONLY ONE NAME PER LINE)	Relationship to Student	Home Phone #	Cell Phone #	Work Phone #	For Finance Use Only Entry for Pick up
1.					
2.					

\*Education Code Chapter 37.105 "Unauthorized persons: refusal of entry, ejection, identification"

**Health Information:** List/describe current health problems or dietary restrictions; allergies; current medications/treatments:  
 [NOTE: Fax Allergy Action Plans to (469) 752-3781 before student attends PASAR. Forms can be found at [www.pisd.edu/pasar](http://www.pisd.edu/pasar)]

\_\_\_\_\_

\_\_\_\_\_

No Known Health Issues (Check Box if this applies for your student)

**1. CHOOSE one site below & CIRCLE your choice for ALL weeks of Summer PASAR:**

**Hedgcoxe Elementary**  
7701 Prescott Drive  
Plano 75025 (cell 214 578-0625)

**Rose Haggart Elementary**  
17820 Campbell Road  
Dallas 75252 (cell 214 263-7941)

**Schell Elementary**  
5301 E. Renner Road  
Richardson 75082 (cell 214 632-7174)

**Shepard Elementary**  
1000 Wilson Drive  
Plano 75075 (cell 214 244-7856)

**2. SIGN your name beside the 'X' for each WEEK you are enrolling - CHOOSE "Full Days" or "AM" or "PM"**

**2009 SUMMER PASAR FEES**

<b>Fees are due regardless if student attends or not &amp; are due at time of enrollment</b>	<b>Full Days or Half Days AM / PM</b>	<b>Dates and Hours</b>	<b>DEADLINES  To Enroll &amp; Cancel</b>	<b>Standard Tuition Rate</b>	<b>Employee Tuition Rate (PISD badge required)</b>	<b>Free &amp; Reduced Tuition Rate (FANS letter required to receive this discount)</b>
<b>Week 1</b>		<b>June 15 - 19</b>				
X	<b>Full Days</b>	7am – 6:30pm	<b>June 1</b>	<b>\$180</b>	<b>\$165</b>	<b>\$165</b>
X	<b>AM</b>	7am - 12:30pm		<b>\$110</b>	<b>\$82.50</b>	<b>\$82.50</b>
X	<b>PM</b>	12:30pm - 6:30pm		<b>\$110</b>	<b>\$82.50</b>	<b>\$82.50</b>
<b>Week 2</b>		<b>June 22 - 26</b>				
X	<b>Full Days</b>	7am – 6:30pm	<b>June 8</b>	<b>\$180</b>	<b>\$165</b>	<b>\$165</b>
X	<b>AM</b>	7am -12:30pm		<b>\$110</b>	<b>\$82.50</b>	<b>\$82.50</b>
X	<b>PM</b>	12:30pm-6:30pm		<b>\$110</b>	<b>\$82.50</b>	<b>\$82.50</b>
<b>Week 3</b>		<b>June 29 - July 2</b>				
X	<b>Closed July 3 Full Days</b>	<b>Closed July 3</b> 7am – 6:30pm	<b>June 15</b>	<b>\$144</b>	<b>\$132</b>	<b>\$132</b>
X	<b>AM</b>	7am-12:30pm		<b>\$88</b>	<b>\$66</b>	<b>\$66</b>
X	<b>PM</b>	12:30pm-6:30pm		<b>\$88</b>	<b>\$66</b>	<b>\$66</b>
<b>Week 4</b>		<b>July 6 - 10</b>				
X	<b>Full Days</b>	7am – 6:30pm	<b>June 22</b>	<b>\$180</b>	<b>\$165</b>	<b>\$165</b>
X	<b>AM</b>	7am-12:30pm		<b>\$110</b>	<b>\$82.50</b>	<b>\$82.50</b>
X	<b>PM</b>	12:30pm-6:30pm		<b>\$110</b>	<b>\$82.50</b>	<b>\$82.50</b>
<b>Week 5</b>		<b>July 13 - 17</b>				
X	<b>Full Days</b>	7am – 6:30pm	<b>June 29</b>	<b>\$180</b>	<b>\$165</b>	<b>\$165</b>
<b>Week 6</b>		<b>July 20 - 24</b>				
X	<b>Full Days</b>	7am – 6:30pm	<b>July 7 (Tuesday)</b>	<b>\$180</b>	<b>\$165</b>	<b>\$165</b>
<b>Week 7</b>		<b>July 27 - 31</b>				
X	<b>Full Days</b>	7am – 6:3 pm	<b>July 13</b>	<b>\$180</b>	<b>\$165</b>	<b>\$165</b>
<b>Week 8</b>		<b>August 3 - 7</b>				
X	<b>Full Days</b>	7am – 6:30pm	<b>July 20</b>	<b>\$180</b>	<b>\$165</b>	<b>\$165</b>
<b>Week 9</b>		<b>August 10 - 14</b>				
X	<b>Full Days</b>	7am – 6:30pm	<b>July 27</b>	<b>\$180</b>	<b>\$165</b>	<b>\$165</b>

**Agreement of PASAR Services –Summer 2009**

**1. READ and SIGN your name beside each statement below to acknowledge you have READ and FULLY understand your responsibility for each statement.**

\_\_\_\_\_ I understand NO TRANSPORTATION is provided for Summer PASAR. It is my responsibility to provide all transportation to and from PASAR.

\_\_\_\_\_ I fully understand completing this registration form, paying tuition and leaving this form in the PASAR Finance Office means I am enrolling my student for Summer PASAR 2009 as I have marked on this form.

\_\_\_\_\_ I fully understand by signing this registration form I am financially responsible for all Summer Care fees for enrollment weeks as shown on this form unless I contact PASAR Finance Office in person and provide in writing my cancellation notification by the required deadline date. I fully understand the financial responsibility exists regardless of the student's attendance.

\_\_\_\_\_ I fully understand I will NOT receive a refund unless I have cancelled by established deadline(s). I fully understand there is no switching of weeks and no cancellations after established deadlines.

\_\_\_\_\_ I fully understand it is my responsibility to cancel and/or enroll my student in person in Summer PASAR 2009 by the deadlines as stated in this registration form. In addition, I fully understand payment in full is required at time of enrollment for ALL WEEKS I am enrolling my student(s).

\_\_\_\_\_ I fully understand it is my responsibility to obtain, read and follow financial procedures and rules as stated in the PASAR Finance Handbook and the Program Handbook so my student can participate in PASAR. These handbooks can be found at [www.pisd.edu/pasar](http://www.pisd.edu/pasar)

**2. My signature below indicates I have provided, to the best of my knowledge, accurate information on this PASAR registration form.**

\_\_\_\_\_  
Printed Name of Financial Responsible Customer

\_\_\_\_\_  
Signature of Financial Responsible Customer

\_\_\_\_\_  
Date

# Plano ISD - PASAR Emergency Information / Authorization Form

Student's Legal  
Last Name: \_\_\_\_\_

Student's Legal  
First Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Use  to indicate SUMMER 2009 Site Attending:  Hedgcoxe     Rose Haggar     Schell     Shepard  
(PEP/SIGS Sites)                       Carlisle     Christie     Gulledge     Murphy

**Health Information:** List/describe current health problems or dietary restrictions; allergies; current medications/treatments:

\_\_\_\_\_

\_\_\_\_\_

No Known Health Issues (Check Box if this applies for your student)

Doctor:	Phone:
Hospital:	Insurance Co.:

An Allergy Action Plan must be filled out completely and turned into the PASAR office or faxed to 469-752-3781 prior to your child starting PASAR. You can obtain all the Allergy Action Plan forms on our website: [www.pisd.edu/pasar](http://www.pisd.edu/pasar)

I, the undersigned, do hereby authorize employees of Plano Independent School District to contact directly the persons and health care providers named on this form, and do authorize the named physicians, clinics and/or hospitals to render such treatment as may be deemed necessary for the transportation and health care of said child. In the event the physicians, other persons named on this form, or parents cannot be contacted, the school employees are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. (Section 35.01, Texas Family Code). I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

I request that the physicians and staff of the medical facility to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatments and anesthetics as may be necessary in the diagnosis and treatment of my child. I authorize the medical facility to dispose of any specimen or tissue taken from named person.

I certify that I am a parent with legal control of the child, the child's legal guardian, or have other court ordered control of the child. I understand that I must notify Plano I.S.D. in writing to change any information on this form or to revoke any consent given herein. I understand it is a penal code offense [Section 37.10, Penal Code; Texas Education Code 25.001(h)] to falsify information for enrollment. I testify that all information on this document to be true and correct.

\_\_\_\_\_  
Printed Name of Parent/Guardian  
Summer 2009

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Legal Name of Student

\_\_\_\_\_  
Date