



**class location:**  
 Oak Hills Presbyterian Church  
 5101 SE Thiessen Road  
 Milwaukie, OR 97267  
*(Thiessen is easily accessed from US 224)*

**mailing address:**  
 Heads Up Learning, Laura Stahly  
 6162 SE Eastbrook Dr.  
 Milwaukie, OR 97222  
 503-659-9939 • lstahly@comcast.net

**How to Register:**

Complete your application in its entirety (please complete one application per student). Make checks payable to **Heads Up Learning**. Registration begins immediately and will close one week prior to the scheduled camp. You will receive notification of your registration status within one week of the scheduled class.

- If the class is full when your application arrives, you will be notified and placed on a waiting list.
- If there is insufficient enrollment, the class will be cancelled and you will be notified by phone or mail.
- Please pick up your child promptly. A \$1.00 per minute late fee will be charged starting fifteen minutes after class ends.

**Note:** Ages or grades listed for courses are suggestions; younger or older students may be accepted on an individual basis. (All participants must be toilet-trained by the date of the scheduled class.)

**Cancellation and Refund Policy**

If you need to cancel, let me know as soon as possible. A full tuition refund, minus the materials fee, can be made to you if you notify **Heads Up Learning** one week prior to camp. After that date, tuition is forfeited. There is no refund for unattended days.

**REGISTRATION FORM**

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

**1. Name of Parent/Guardian:** \_\_\_\_\_

Home address: \_\_\_\_\_

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

e-mail: \_\_\_\_\_

**2. Name of Parent/Guardian:** \_\_\_\_\_

Home address: \_\_\_\_\_

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

e-mail: \_\_\_\_\_

Class Registration Number (ex. 05-00)	Class + Materials Fees Total
_____	_____
_____	_____
_____	_____
_____	_____
Total Paid	_____

**CONSENT FORM**

I \_\_\_\_\_ understand and  
 (check one) agree \_\_\_ disagree \_\_\_ that my child \_\_\_\_\_

may be videotaped or photographed occasionally for the purpose of the website, newsletter, and teacher or parent education.

I also understand that I will be contacted and given the opportunity to accept or reject the use of the photo if it is to be used for any public purpose.

\_\_\_\_\_  
 Parent/Guardian Signature Date