

REGISTRATION FORM: IOWA TESTING

- Please print this page for each child you request to be tested
- Circle the box with the test date(s) you want
- Circle the test (CORE or SURVEY) in that box for your child
- Do this for each child - for bookkeeping purposes I need a page for each child
- Send this with the \$50. fee (made out to Rita Chamberlin)
- To: Rita Chamberlin 2175 NE 56 St # 203, Ft. Lauderdale, FL 33308

<p>Date: Friday, March 4, 2011</p> <p>Test Type: IOWA Survey – one day</p> <p>For grades 3-8 only</p> <p>Time: 9:00- 11:30 A.M.</p> <p>Location: Coral Ridge Presbyterian Church 5555 N. Federal Hwy. Ft. Laud., FL 33308</p> <p>Notes: Park on the South end of the church and come in the double doors.</p>	<p>Dates: Tues. Apr. 19 and Wed. Apr. 20, 2011</p> <p>Test Types: IOWA Core Tues. and Wed. IOWA Survey Wed. only</p> <p>For grades 3-8 only</p> <p>Time: 8:30 A.M. - 12:00 for Core on both days 1:00-3:30 P.M. for Survey on Wed. only</p> <p>Location: Sunshine Learning Center 1703 North State Road 7 (441) Margate, FL 33063</p>	<p>Dates: Tues., May 17 and Wed. May 18, 2011</p> <p>Test Types: IOWA Core Tues. and Wed. IOWA Survey – Wed. only</p> <p>For grades 3-8 only</p> <p>Time: 8:30 A.M – 12:00 for Core on both days 1:00-3:30 P.M. for Survey on Wed. only</p> <p>Location: New Presbyterian Church Ministry Center 1450 S.W. 3rd Street Pompano Beach, FL 33069</p> <p>Notes: Park around back; come in back door</p>
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Child's Name _____ Grade Level to be tested in _____
 Child's Date of Birth _____ Parents' Name(s) _____
 Home Phone _____ Parent Cell _____
 Mailing Address: _____
 Parent's E-mail _____

The undersigned parent or guardian of the above child releases Coral Ridge Presbyterian Church, Sunshine Learning Center, New Presbyterian Church, its representatives and officers and assignees, as well as Rita Chamberlin for any and all injuries suffered or sustained at any time your child is on the premises of the Coral Ridge Presbyterian Church, Sunshine Learning Center, or New Presbyterian Church Ministry Center for the purpose of IOWA Testing.

The undersigned parent or guardian of the above child understands Coral Ridge Presbyterian Church, Sunshine Learning Center, New Presbyterian Church or Rita Chamberlin are not responsible for medical expenses incurred as a result of an injury to your child while your child is using the facilities of Coral Ridge Presbyterian Church, Sunshine Learning Center, or New Presbyterian Church Ministry Center for IOWA Testing.

I have signed this document in further consideration of the acceptance of my child as a participant in the Coral Ridge Presbyterian Church or Sunshine Learning Center or New Presbyterian Church Ministry Center for IOWA Testing. I hereby, voluntarily assume any and all risk, including injury to my person or the person of the child for whom I sign as parent or guardian, and/or loss of property to said person or persons which may be caused as a result of my or his/her presence at, or participation in IOWA Testing.

I hereby, for myself, and as parent or guardian for my child, our heirs and personal representatives waive and release any and all rights and claims we may have with Coral Ridge Presbyterian Church or Sunshine Learning Center, or New Presbyterian Church, or Rita Chamberlin, its officers and representatives, its representatives, and assignees for any and all injuries suffered by me or any person for whom I have signed as parent or guardian in connection with any participation in any IOWA Testing at Coral Ridge Presbyterian Church, or Sunshine Learning Center, or New Presbyterian Church Ministry Center..

Parent or Legal Guardian Signature

Date

