

THE PROTOCOL SCHOOL OF ALABAMA
Millie Chastain
Director

Student's Full Name _____
Mailing Address _____ City _____ Zipcode _____
E-Mail _____
Age _____ Gender _____
Name of Parent(s)/Guardian(s) _____
Telephone _____ Cell _____ Work _____
Person to contact in case of Emergency _____
Telephone _____

List any medical alerts and/or current prescription medicine with dosage:

Health Insurance provider _____ Policy no. _____

Parent Signature: _____

Everyday Etiquette for Children and Teens Tuition: \$125.00
Everyday Etiquette for Children Grades 2-6 9:00 am – 11:00 am
First United Methodist
Talladega July 22-26*
***Dining tutorial at Classic on Noble, Anniston**
\$125(US) per student
 Two students from the same family
\$120(US) per student (A savings of \$10 per family.)

Enrollment priority is based on the order in which Enrollment Forms and payments are received.
Deadline for Summer 2013 is July 1st.

Check (*Make check payable to The Protocol School of Alabama)

Return to:

The Protocol School of Alabama
812 Chastain Road
Talladega, Alabama 35160

For Office Use Only: Camp Enrollment Form and Tuition Received on this date:

Summer Odyssey 2013 — Application/Consent Form

Complete and sign this form to give permission for your child to participate in Summer Odyssey 2013.

Mail: Summer Odyssey 2013, The Donoho School, 2501 Henry Road, Anniston, AL 36207

Fax: Karen Hester The Donoho School 256-237-6474 Phone: 256-237-5485

Participant's name _____

Grade entering this fall _____ Age _____ Birthdate _____
Address _____ City _____ State/Zip _____

Parent or Guardian _____

Phone _____ Cell _____ Work _____

Email address _____

List another emergency contact with phone numbers:

List any medical alerts and /or current prescription medicine with dosage:

Health Insurance provider _____ Policy no. _____

Please list the names, dates, and prices for the course(s) you will be attending below.

Etiquette and Manners, July 8,9,10,11,12 \$125.00

Complete Course Name Date Price

TOTAL PAYMENT \$

Cash/Check (Summer Odyssey 2013)

I hereby authorize use of my _____

(signature)

(Check card below and then sign here.)

VISA Card No. _____ Exp. Date _____

Master Card No. _____ Exp. Date _____

I give permission to any staff member to seek medical treatment for my child in case of emergency. I hereby

agree that I will not hold The Donoho School or any members of the Summer Odyssey 2013 staff responsible for

any loss, damage, or injury incurred while participating in the camp activities.

Parent or Guardian signature _____ Date _____

For more information, check the web at www.donohoschool.com or email at summerinfo@donohoschool.com.