



Northwest Academy for Exceptional Children  
P.O. Box 1136 • Woodinville, WA 98072  
www.nwaec.org

## NORTHWEST ACADEMY FOR EXCEPTIONAL CHILDREN COMMUNITY PROGRAMS REGISTRATION FORM

Parent(s) Name (First/Last): \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Company/Agency (if applicable): \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact:      Home Phone      Cell Phone      Email      US Mail

**I would like to register for the following program(s):**

How did you hear about Northwest Academy for Exceptional Children Community Programs?

Friend: \_\_\_\_\_

Family Member: \_\_\_\_\_

DDD Case Manager/Case Worker: \_\_\_\_\_

Community Agency: \_\_\_\_\_

Internet Website: \_\_\_\_\_

NWAEC Board Member/Employee: \_\_\_\_\_

***By signing below I give my permission and approval for NWAEC Community Programs to use any photographs, videos or film in which I may appear for the purpose of promoting agency programs on NWAEC website, brochures or other information that is distributed.***

This application is correct to the best of my knowledge. I hereby release and waive any claim, cause or action which may accrue against Northwest Academy for Exceptional Children, any employee thereof, or any other persons acting with their permission, arising from injury during my participation in NWAEC programs or during any activity approved by any of said persons.

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

Print Name: \_\_\_\_\_