

REGISTRATION FORM

Registration Fee due with form: \$50 per student, max \$80 per family.

| Sex: Birthdate: Height: Weight: Hair Color: Eye Color: Race: Primary Language Spoken: Is Child Proficient in English? | Child's l | Full Name: | | N | ickname: | Grade: | Age: | |
|---|------------|----------------------|----------------------------|---------------------|--------------------------|-------------------|-------------|---------------|
| Parent/Guardian: Relationship: Address: Girect) Gify (state) (sip code) Home Phone: Cell Phone: Work Phone: Email: Are child's parents: married divorced separated widowed single If parents do not live together, who has custody of child2 Does non-custodial parent have permission to pick up child without other parent's permission? Yes No* *Requires documentation Thereby grant permission for my child to attend any scheduled field trips as part of the Summer Program and understand that these trips may require an additional fee. These field trips may be local walking trips or buses with seat belts. Field trips will be scheduled ahead of time or posted on the morning of the trip. We submit pictures of various school events for publication in local newspapers, our website, school brochures. Please check "yes" or "no" regarding your permission to publish your child's name and/or picture for school purposes. YES NO Parent/Guardian Signature: Date: Toddlers - must be currently enrolled Kindergarten (K) Early Elementary (E) Age 5 by December 31st Barring Grade 2 or 3 Older Elementary (O) Preschool (students are split into ages 3 & 4) First Grade (1) Older Elementary (O) | Sex: | Birthdate: | Height: | Weight: | Hair Color: | Eye (| Color: | |
| Parent/Guardian: | Race: | P | rimary Language Spoke | n: | Is Child Pr | oficient in Engli | sh? 🗖 Yes | □ N |
| Relationship: | dentify | ing Marks: | | | | | | |
| Relationship: Address: (street) (city) (state) (zip code) Home Phone: Cell Phone: Work Phone: Email: Are child's parents: married divorced separated widowed single If parents do not live together, who has custody of child? Does non-custodial parent have permission to pick up child without other parent's permission? Yes No* *Requires documentation I hereby grant permission for my child to attend any scheduled field trips as part of the Summer Program and understand that these trips may require an additional fee. These field trips may be local walking trips or buses with seat belts. Field trips will be scheduled ahead of time or posted on the morning of the trip. We submit pictures of various school events for publication in local newspapers, our website, school brochures. Please Check One: Toddlers - must be currently enrolled Kindergarten (K) Early Elementary (E) Age 5 by December 31st Entering Grade 2 or 3 Preschool (students are split into ages 3 & 4) First Grade (1) Older Elementary (O) | Paren | | | Par | | | | .] |
| Address: Call Phone: | D 1 4 | | | | | , , | | |
| (street) | | - | | | | | | l l |
| Home Phone: Cell Phone: | Addre | | | Ac | | | | |
| Cell Phone: Work Phone: Email: Are child's parents: | (city) | (state) (zip co | ode) | | (city) (state) (zip co | ode) | | |
| Work Phone: | Home | Phone: | | Но | me Phone: | | | |
| Email: Email: | Cell P | hone: | | Се | ll Phone:——— | | | . |
| Are child's parents: | Work | Phone: | | W | ork Phone: | | | |
| If parents do not live together, who has custody of child? Does non-custodial parent have permission to pick up child without other parent's permission? *Requires documentation I hereby grant permission for my child to attend any scheduled field trips as part of the Summer Program and understand that these trips may require an additional fee. These field trips may be local walking trips or buses with seat belts. Field trips will be scheduled ahead of time or posted on the morning of the trip. We submit pictures of various school events for publication in local newspapers, our website, school brochures. Please check "yes" or "no" regarding your permission to publish your child's name and/or picture for school purposes. YES NO Parent/Guardian Signature: Date: Date: **Death: Early Elementary (E) **Entering Grade 2 or 3** Preschool (students are split into ages 3 & 4) Preschool (students are split into ages 3 & 4) Prist Grade (1) Older Elementary (O) | Email | : | | En | nail: | | | |
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| Please Check One: □ Toddlers – must be currently enrolled □ Sindergarten (K) □ Early Elementary (E) □ Entering Grade 2 or 3 □ Preschool (students are split into ages 3 & 4) □ First Grade (1) □ Older Elementary (O) | Pleas | e check "yes" or "i | | | | | | oses. |
| ☐ Toddlers – must be currently enrolled ☐ Kindergarten (K) ☐ Early Elementary (E) 15 months – 2 years 9 months Age 5 by December 31st Entering Grade 2 or 3 ☐ Preschool (students are split into ages 3 & 4) ☐ First Grade (1) ☐ Older Elementary (O) | Paren | t/Guardian Signat | ure: | | Date: | | | _ |
| 15 months − 2 years 9 months Age 5 by December 31st Entering Grade 2 or 3 Preschool (students are split into ages 3 & 4) First Grade (1) Older Elementary (O) | Please | Check One: | | | | | | |
| ☐ Preschool (students are split into ages 3 & 4) ☐ First Grade (1) ☐ Older Elementary (O) | | | | | | | | |
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Please check all that apply:

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|-------------|-------------|-------------|---------|-------------|-------------|-------------|-------------|------------|
| 6/14-6/16 | 6/20-6/23 | 6/26-6/30 | 7/3-7/7 | 7/10-7/14 | 7/17-7/21 | 7/24-7/28 | 7/31-7/4 | 8/7-8/11 |
| W TH F | TWTHF | MTWTHF | OFF | MTWTHF | MTWTHF | MTWTHF | MTWTHF | MTWTHF |
| □Half □Full | □Half □Full | □Half □Full | | □Half □Full | □Half □Full | □Half □Full | □Half □Full | □Half□Full |

RELEASE OF STUDENTS

As a child will not be released to anyone without the parent's permission, a parent must notify the school when someone other than themselves will be picking up their child. However, you may list someone below for full authorization and we will not need to be contacted each time.

| | | pick up my child at any time from school during vill not hold the school responsible for the release | the Summer Program. I understand that the school of my child to this individual. |
|--|---------------------------------------|--|--|
| Name: Mr. Mrs. Ms | | | |
| | Phone No.: | Relationship: | |
| Name: Mr. Mrs. Ms | · | | |
| | | Relationship: | |
| | | Parent/Guardian Signature_ | |
| | PHYSICAL EX | XAMINATIONS AND IMMUNIZ | _ |
| Requirement for school | ol entry: (a) complet (b) physical | e immunization history signed by child's phy examination report (current within the last s ening – Preschool Only | ysician |
| Please provide the follow | wing information: | | |
| Child's Doctor: | | Phone No | |
| | | Health Insurance Information | |
| Insurance Carrier: | | Policy #: | |
| | | | |
| - | e contacted, list | EDICAL EMERGENCY INFORM someone we can call to pick up your | child. |
| | name: | | Work Phone: |
| | | | work I none. |
| | | | Work Phone: |
| MEDICAL ALERT Please list any critical hea etc.) that our staff or anot ALLE | ther physician would r | as <u>food/medicine allergies</u> , health problems, meed to be aware of in an emergency situation. Plast SYMPTOMS TO LOOK FOR | edication used on a regular basis, dietary restrictions, ease provide any medical action plans that are needed. TREATMENT |
| | | MEDICAL CONDITIONS | |
| | | WEDIOAL CONDITIONS | |
| | | DIETARY RESTRICTIONS | |
| ☐ Vegan ☐ \ | /egetarian | ☐ Other (please specify) | |
| ** My child require | es an EPI PEN 🗔 | ** My child requires a rescue in | nhaler 🔲 |
| I give permission reactions; please help | | | our staff cannot be liable for burns or allergic |
| | ve them permission to | | the event I cannot be reached regarding a serious illness or PR and First Aid when a delay would be dangerous in |
| Parent/Guardian Signa | ture: | | Date: |
| Office use only: | Date: Amou | ınt (☐ online ☐ cash ☐ check # |) ☐ Reg Fee ☐ FACTS ☐ Email |