SUMMER SCHOOL REGISTRATION FORM

Please print and return to child's school
Confirmations will be sent out prior to start of program

What School do you attend:

☐ Baker	☐ First Creek	☐ Gray	☐ Mason	☐ Stewart
☐ Bryant	☐ Giaudrone	☐ Jason Lee	☐ Meeker	☐ Truman

Middle School Programs:

☐ Jump Start ☐ Middle School Camp (limited sites) ☐ Middle School ELL (limited sites)

STUDENT INFORMATION

Student Name _____ ID# _____
First Name *MI* *Last Name*

Home Address _____
Street Address *City* *State* *Zip*

Home Phone _____ Cell Phone _____

Email _____ (For Confirmation/Reminder)

CONTACT INFORMATION

Parent/Guardian Name _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact Name: _____ Relationship to Student _____

Emergency Phone _____ Alternate Phone _____

MEDICAL INFORMATION

Does your child have a life-threatening health condition? ***(See Note below)*** ☐ YES ☐ NO

If yes, please explain _____

Does your child need medication at school? ☐ YES ☐ NO

If yes, please explain _____

Does your child have any other medical issues of which we need to be aware? ☐ YES ☐ NO

If yes, please explain _____

NOTE: Parent/Guardian are responsible for providing the required medication to designated program staff on the first day of summer school. Medication currently held at the school must be picked up prior to the end of the regular school year. Summer School Staff will not have access to medications from the regular school year.
If registration is completed prior to end of school year, this information will be transferred for the student. If registration is completed after the school year has ended, the parent/guardian is responsible for providing a copy to designated program staff on or before the student's first day in summer school. A notification will be communicated to the summer school instructor.