

Please fill out both sides of form
208.843.2622, ext. 203
Summer School Registration Form/Elementary

Last Name _____ First Name _____ MI _____

Physical Address _____

Mailing Address _____

Age _____ Birth Date _____ Current Grade _____ Sex (circle) Male Female

Ethnic (circle): Asian African-American Hispanic Caucasian Native American

Parent/Legal Guardian Name _____ Home Phone _____

Work Number _____

Participates in (circle) Reduced Hot Lunch Free Hot Lunch

Emergency contact person if parent cannot be reached:

Name _____ Phone Number _____

Information and Medical Release

Field Trip Permission: I give permission for my child, _____, to attend any field trips or excursions planned by the After School/Summer Program. Students will travel in a school district bus or van driven by program staff with a ratio of no more than eight children to one staff member. I realize a note will be sent home with my child at least three days prior to the trip and I can keep my child at home on the days these are planned if I do not want my child to participate. **I will write a note informing the staff if my child will not be participating.**

Emergency Treatment: While participating in the After School/Summer Program, I hereby authorize a staff member to take my child to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of my child.

Program Attendance: If your child is going to be absent from the program or late to the program, please call 843.2960, ext. 316 to let us know by 9:00 a.m. If you know about the absence in advance, you can send a note.

Information Release: I/we authorize the Lapwai After School/Summer Program to obtain documents relative to and consistent with my child's education. Such documents may include: a copy of my school transcript, test scores, attendance, disciplinary actions and school lunch program eligibility. I/we authorize the Lapwai After School/Summer Program to obtain information from any agency or program providing supplemental services. I/we authorize the Lapwai After School/Summer Program, 21st Century Community Learning Center and State Department of Education to share confidential information and work together in providing services for students. I/we authorize the Lapwai After School/Summer Program to use your child's photograph and name in video or other electronic recording in various education programs for publicity purposes. We have answered all the questions on the Lapwai After/Summer School Program student and parent application forms to the best of our knowledge. We would like to be a part of the Lapwai After School/Summer School Program. I hereby give my permission for my child to participate in all 21st Century Community Learning Center Activities.

Signature of Parent/Legal Guardian

Student Signature

Date

Please indicate how your child will get to and from the Lapwai Summer School Program:

_____ My child will walk home. I have discussed with my child the safest route to take.

_____ Will there be someone at home when the child arrives home after the program?

_____ Yes _____ No

_____ My child will ride the bus home from the program.

_____ If my child wants to go home with a friend, I will send a note including the friend's name, address and phone number.

_____ Whom may we let your child leave the school with?

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Please contact the Summer School Program at 843.2960, ext. 316 during program hours or 843.2622, ext. 203 with any other special arrangements that may arise.

Please list any special accommodations your child may require, including food allergies:

Parent/Guardian Signature _____ Date _____