



SUMMER PROGRAM 2017 REGISTRATION

Student name: _____ Teacher: _____

Grade: _____ Date of Birth (Month/Day/Year): _____ Gender: M F

School (Circle one): Frances Willard Longfellow Thomas Jefferson Earl Hansen Rock Island Academy RI Center for Math & Science

Ethnicity (Circle all that apply): White African-American Latino Asian Other _____

Language spoken at home (Circle one): English Spanish Other _____

Student address: _____

Primary parent/guardian name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Secondary contact & relationship: _____ Phone: _____

Student will be picked up at the end of program (3:00). Yes No

Student has permission to walk home at the end of program (3:00) Yes No

Who is allowed to pick up student?

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Comments or questions?
Please contact
Robert McIntyre
Phone: 793-5900 ex. 250
or email:
robbie@springforwardqca.org
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List current medication(s) or treatment(s): _____

Does student need to receive treatment during SFLC hours? _____

What allergies does the student have? _____

Authorization (valid for the 2017 Summer Enrichment Program)

- If unavailable, I agree to allow SFLC to provide necessary safety/treatment for my child. I will not hold SFLC staff or volunteers responsible for personal injury, sickness or death because of our (my) child's participation in the program.
- I agree to allow my child to participate in any field trips or special activities. I understand that I will be given information relating to the event prior to the trip taking place. I also waive the right to bring suit for damages against any staff or volunteer member of SFLC for any injuries my child might incur during such events.
- I agree to allow SFLC to take pictures/videos of my child to use for miscellaneous publicity.
- I agree to allow my child supervised access to the intranet/internet during SFLC hours. I understand that this access is designed for educational purposes only. I also realize that it is impossible for SFLC to restrict all controversial materials, and I will not hold them responsible for this extended beyond the SFLC day and/or building.
- I agree to give permission for my child to attend SFLC at the designated area for the designated period of time. I also give permission for the child listed above to be picked up at the appropriate destination. I authorize an adult in whose care the minor has been entrusted to, consent to any medical treatment should it be necessary for my child. I will not hold SFLC staff or volunteers responsible for injury, sickness, or death because of my child's participation in the program.
- I agree to allow SFLC to access my child's grades in an effort to determine his/her needs. I also give SFLC permission to discuss any matters pertaining to the child's social/academic success with his/her teacher.

Print name: _____ Date: _____

Signature: _____ Date: _____