

JFK SUMMER SCHOOL REGISTRATION FORM

Yes, my child, _____ (print name), will be attending summer school.

I would like my child to attend: (Please check all that apply):

___ July 6 - 9th

___ July 13 - 16th

___ July 20 - 23rd

___ July 27th - July 30th

1. Student Name: _____

Current Grade: _____ Current Classroom Teacher: _____

Parent Name(s): _____

Address: _____

Phone Number: _____ (home) _____ (Cell/Work)

The sections below (2 - 4) must be completely filled out. Please provide working numbers and people who will be available to be reached if there is a problem during the summer program

2. Emergency Contacts:

1. Name & Relation to Student: _____

Phone Number: _____

2. Name & Relation to Student: _____

Phone Number: _____

3. Allergies/Special Needs: _____

If your child has a medical condition that may require medication to be dispensed during the summer program (i.e., asthma inhaler, epi pen, or other medications) the enclosed medication form needs to be filled out and returned along with this registration form.

4. SCHOOL WILL END DAILY AT 12:00 PM. PLEASE INDICATE BELOW IF YOUR CHILD IS ALLOWED TO WALK HOME OR WHO WILL PICK THEM UP DAILY OR IF THEY WILL BE ATTENDING THRIVE:

My child _____ is allowed to walk home daily when the program ends at 12:00 pm.

OR

My child _____ will be picked up daily and is not allowed to walk home without an adult. The following people are allowed to pick my child up:

OR

My child _____ will be attending Thrive starting at 12:00 pm after the JFK Summer Program ends.

Parent Signature: _____

Date:
