

Registration Form for POWER & ENERGY Summer School

For students in grades 7-12

Which school do you attend: CCMH

STUDENT INFORMATION

Name: _____ Grade: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Direction to house: _____

THE POWER & ENERGY COURSE WILL MEET EACH TUESDAY ONLY DURING SUMMER SCHOOL June 18-July 27, 2018

PARENT/GUARDIAN INFORMATION

Father: _____ Home: _____ Work: _____ Cell: _____

Mother: _____ Home: _____ Work: _____ Cell: _____

Guardian: _____ Home: _____ Work: _____ Cell: _____

Student lives with (check all that apply): Father Mother Guardian

EMERGENCY CONTACTS

In the event that parents/guardians cannot be reached in an emergency, the program staff will call a person listed below. People listed should be individuals who can: 1) give permission to administer health care 2) pick up your child if your child is ill or 3) give advice about caring for your child.

Name: _____ Name: _____

Address: _____ Address: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Relationship to student: _____ Relationship to student: _____

STUDENT PICK UP

Please list additional people who you authorize to pick up your child(ren) from the summer school program.

Name: _____ Name: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Relationship to student: _____ Relationship to student: _____

BUS INFORMATION (Bus routed will be determined by enrollment needs)

Please tell us where your child will be getting off the bus: _____

HEALTH INFORMATION

Physician: _____ Phone: _____

Will your child require medication during the day? _____ If so what time? _____

Medication(s) being taken by student _____

Physical conditions (allergies, diabetes, etc.) _____

If my child's emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize a summer school employee or legal representatives to obtain emergency medical care for my child while under the afterschool program's care including transporting or sending my child to an available hospital or physician.

Signature of Parent/Guardian Date

OFFICE USE ONLY:

Student pickup and drop off location determined by Transportation Director: _____

Approximate Time: _____ a.m.

_____ p.m.

Times may vary depending on student enrolment and daily participation.