CSA Great Start to CHS Registration Form

Please indicate below which session of Great Start to CHS your child would like to take this summer.

Great Start to CHS June 2-5, 8-11 a.m.

Great Start to CHS June 8-12, 8-11 a.m.

□ STEM for Incoming 9th June 15-19, 8-11 a.m.

□ My child is receiving services through a ____504 plan or an ____ IEP or has ____special needs.

PART 1 (Please Print Clearly)

Student Name		_ Gender	_ Date of Birth
			20)
State Zip	Home Scho	ool	
Parent #1 Name		e C	ell Phone
Parent #2 Name	Work Phone	e C	ell Phone
Parent #1 Email	Par	ent #2 Email	

PART 2 (Please Print Clearly) - **EMERGENCY and MEDICAL INFORMATION** -

Name	_ Phone	Cell Phone				
Name	Phone	Cell Phone				
Physician		Phone				
Dentist		Phone				
Insurance Company						
Subscriber						
If your child is on medication, please specify						
Please list any of your child's known allergies (include medications, foods, insects)						

Please circle the medication(s) that you give consent for the nurse to administer to your child: Acetaminophen Ibuprofen Benadryl

IMPORTANT! PLEASE READ AND SIGN BELOW TO NOTE AGREEMENT TO TERMS.

- In the event that my child needs emergency medical treatment and the parents or emergency contact cannot be reached, I give my consent for the School District of Clayton to obtain, through a licensed medical professional and hospital of choice, such medical care deemed necessary for the welfare of my child. I also agree to assume the cost for transportation and treatment in such an emergency situation.
- I give my permission for photos of my child to be used by CSA via its website, various publications and media releases.
- If this registration is accepted, the above parent/guardian agrees to pay all fees associated with CSA.
- During CSA sessions, the CHS campus will close daily at 3 p.m. Parents are responsible for making arrangements for children to be picked up before 3 p.m. or otherwise supervised after that closing time. By signing below, parents acknowledge that neither the School District of Clayton nor its agents or employees will be responsible for care or supervision of CSA students after 3 p.m.
- In an emergency, I authorize my child to be transported in a privately-owned-driven car. I understand that only employees of the program will be used and I absolve such drivers from any liability.
- I give permission for the School District of Clayton to contact me with information about my child or my child's summer program via a pre-recorded phone message, or mobile text messages to any of the phone numbers listed on this form.

Parent/Guardian Printed Nam	ıe	Date _	
Parent/Guardian Signature		Date _	

All forms should be returned to the Counseling Office at Clayton High School, #1 Mark Twain Circle. The \$100 course tuition must accompany the registration form. Please make checks payable to School District of Clayton.

Clayton Summer Academy 2020

Classes for incoming 9th graders

Great Start to CHS.....**\$100** June 2-5, 8:00 - 11:00 a.m. <u>or</u> June 8-12, 8:00 - 11:00 a.m.

Get ready for a great start to your high school career with this one-week freshman orientation. This tuition course will review study skills that are necessary for high school students and introduce the learning environment at CHS. Students in this course will get extended tours of the building, opportunities to develop academic skills and work with CHS teachers to get ready for the fall semester. Sign up quickly because space is limited!

STEM Incoming 9th......\$100 June 15-19, 8:00 - 11:00 a.m.

Get ready for a challenge in an introduction to the physics labs with this one-week enrichment opportunity. This tuition course will integrate math and science in a fast-paced learning environment in the CHS science labs. Students in this course will get a brief introduction to 9th grade and work with CHS teachers to stretch their thinking.

