

# Clayton Summer Academy Registration Form

## PLEASE CHECK ALL THAT APPLY

- |  |   |
|--|---|
| <input type="checkbox"/> School District of Clayton Resident Student | <input type="checkbox"/> School District of Clayton Tax Credit Student              |
| <input type="checkbox"/> School District of Clayton VT Student       | <input type="checkbox"/> School District of Clayton Personal Tuition Student        |
| <input type="checkbox"/> School District of Clayton Employee Student | <input type="checkbox"/> School District of Clayton Summer Program Employee Student |

### **PART 1** (Please Print Clearly)

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ Entering Grade (Fall 2020) \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home School \_\_\_\_\_  
Parent #1 Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent #2 Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent #1 Email \_\_\_\_\_ Parent #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 \_\_\_\_\_ Policy# \_\_\_\_\_

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) below that you give consent for the nurse to administer to your child:

Acetaminophen      Ibuprofen      Benadryl

Please list the classes your child would like to take this summer. This form must be returned to the counseling office by March 4. All classes are June 2 - 26. Please see Page 2 for tuition courses.

#### **Morning Class**

• Four-Week Class: \_\_\_\_\_

For P.E., please indicate the session:

- A.M. Session A: 8-9:30 a.m.  
 A.M. Session B: 9:45-11:15 a.m.

#### **Afternoon Class**

• Four-Week Class: \_\_\_\_\_

For P.E., please indicate the session:

- P.M. Session A: 1:30-3 p.m.

#### **Online Course(s)**

• Four-Week Class: \_\_\_\_\_

Fee-based course taken along with CHS course; see counselor to make a final decision.

- I am flexible with my morning/afternoon schedule if my first choice is not available.  
 My child is receiving services through a \_\_\_504 plan or an \_\_\_ IEP or has \_\_\_ special needs.

Please check the box(es) below for the fee-based classes your child would like to take this summer. This form must be returned to the counseling office by March 4.

**ACT Prep**, June 2-12, 11:45 a.m. - 2:00 p.m., Tuition: \$200

Payment enclosed. (Please make checks payable to "School District of Clayton.")

**Personal Finance** (online course offered through Launch), Tuition: \$225

Payment should be submitted directly to Launch. Your child's counselor will provide further payment instructions.

**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 the 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 the CSA.
- During CSA sessions, the CHS campus will close daily at 3:15 p.m. Parents are responsible for making arrangements for children to be picked up before 3:15 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 3:15 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, mobile text messages to any of the phone numbers listed on this form, or mass emails about billing or camp events.

Parent/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_