

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 2018) _____
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 1. Students are allowed to enroll in only one morning class and one class in the afternoon.

Morning Class

- Four-Week Class: _____

June 5-29

OR

- Five-Week Class: _____

June 5 - July 3

Afternoon Class

- Four-Week Class: _____

June 5-29

OR

- Five-Week Class: _____

June 5 - July 3

- 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.

- OVER -

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 or mobile text message to any of the phone numbers listed on this form.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____ Date _____