

Elementary Summer Academy

APPLICATION FORM FOR STUDENTS ENTERING FIRST THROUGH FIFTH GRADE

Registration is confirmed upon receipt of applicant's completed form. Read carefully.

Applicants need to complete all parts according to directions.

REGISTER ONLINE OR DOWNLOAD ADDITIONAL REGISTRATION FORMS AT CLAYTONSCHOOLS.NET/ESA.

PART 1 (Please Print)

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 _____
Special Grouping Requests _____

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

Emergency Contacts: (IN THE EVENT THAT PARENTS ARE UNREACHABLE)

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

PART 3

PLEASE CHECK ALL APPROPRIATE SECTIONS

- Before Care** at Clayton High School (\$200)
- After Care** at Clayton High School (\$300)
- SummerQuest:** My child will also be attending the SummerQuest recreation program.
*Students who are recommended for Elementary Summer Academy will have the option of spending the balance of their day in SummerQuest for a fee of \$225 per two-week session while enrolled in ESA. Full scholarships are available for students enrolled in the Federal Free and Reduced-Price Meal Program. If your child is planning to attend SummerQuest, please visit summerquest.org to register online or ask your child's teacher for a SummerQuest registration form.
- ESA Only:** My child will only be attending ESA.
*Please note, placement of a child in the morning or afternoon session of the program is a student-centered decision made to maintain a small student to teacher ratio and a balanced schedule for all ESA students.

PLEASE READ AND SIGN BELOW TO NOTE AGREEMENT TO TERMS

- If this application is accepted, I agree to pay all fees associated with this summer program as outlined in the brochure.
- In the event that my child needs emergency medical treatment and you are unable to reach the contacts provided on this form, I give my consent for the School District of Clayton to obtain, through a licensed medical professional and hospital of choice, such medical care that is reasonably necessary for the welfare of my child. I also agree to assume the cost for transport and treatment in such an emergency situation.
- In an emergency, I authorize my child to be transported in a privately-owned and driven car. I understand that only employees of the program will be used and I absolve such drivers from any liability.
- During ESA sessions, the ESA campus will close daily at 3:45 p.m. Parents are responsible for making arrangements for children to be picked up before 3:45. This does not include students who are signed up for After Care at Clayton High School. By signing below, I acknowledge that neither the School District of Clayton nor its agents or employees will be responsible for care or supervision of ESA students not signed up for After Care after 3:45 p.m.
- I give permission for the image or likeness of my child to be used by the School District of Clayton on the District website, in various school-related publications and in media releases.
- 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.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____