



CLAYTON  
HIGH SCHOOL

Start your high school career on the right foot...

# Great Start to CHS

## One-Week Freshman Orientation Camp

**When:** June 10-14, 8-11 a.m.

**Where:** Clayton High School  
#1 Mark Twain Circle

**Cost:** \$100 (Tuition must be paid with registration.)

Get ready for a great start to your high school career with this one-week freshman orientation! This course will introduce you to the learning environment at CHS and review the skills necessary for high school students. Students in this course will get extended tours of the building and opportunities to develop academic skills while working with school counselors, academic support personnel and other CHS staff to get ready for the fall semester. Sign up quickly because space is limited!

# CSA Great Start to CHS Registration Form

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

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ Entering Grade (Fall 2019) \_\_\_\_\_  
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

My child is receiving services through a \_\_\_504 plan or an \_\_\_ IEP or has \_\_\_ special needs.

### **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 3:15 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 \_\_\_\_\_

*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.*