

AMP UP! 2021 Amphitheater Summer Learning Program – Kindergarten – 4th Grade
Registration form

Summer Learning has two sessions: Session 1: ___ June 1-17 Session 2: ___ June 28-July 15
Please choose one or both sessions. Sessions are ½ days in the A.M. 7:45am-11:45am

Student's Name: _____ Date of Birth: ___/___/___ School: _____ 2021/2022 Year Grade: _____
Street Address: _____ Apt# _____ Zip: _____ Home Phone: _____

CONSENT FOR EMERGENCY TREATMENT

<u>Mother or Guardian</u> Name: _____ Home Phone: _____ Address: _____ Work Phone: _____	<u>Father or Guardian</u> Name: _____ Home Phone: _____ Address: _____ Work Phone: _____
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If emergency medical action or treatment is required, and parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials. I understand that any expenses incurred will be paid for by the parent/guardian or by insurance coverage provided by the parent/guardian, and that payment of any medical expenses is not the responsibility of the school or the school district.

X _____ Date: _____
Signature of Parent or Guardian

Physician's Name: _____ Phone Number: _____

Insurance/Health Plan: _____ ID Number: _____ Phone Number: _____

Hospital Preference: _____

Transportation:

Does your child need transportation? Yes No

After the summer program, my child (select one):

Will be picked up by

Children will not be released to persons whose names do not appear on this form.

My child will go to _____ childcare when the program ends.
My child has permission to walk home from the Summer Learning Program.

Food service will be provided. Please indicate whether or not your child will participate in this service.

My child will participate in school breakfast

My child will participate in school lunch

Note: If your child is eligible for free or reduced lunch prices, this will continue for the summer meals.

If parent/guardian cannot be reached, name a relative or friend with a LOCAL PHONE who will be responsible for, and has permission to pick up your student if he/she is hurt or becomes ill at school, or in case of an emergency.

Name: _____ Name: _____

Address: _____ Address: _____

Daytime Phone: _____ Daytime Phone: _____

Any legal restricted custody decision the Summer Learning Program Coordinator should be aware of: _____

If yes, describe: _____

Health/Allergies Information: _____

My child _____ **does**/_____ **does not** have permission to appear in the newspaper or television or on the radio while participating in school related activities for the Summer Learning Program.

Consent for Participation and Emergency Information Provided By:

Parent/Guardian Name (PRINTED): _____ Signature: _____ Date: _____

Deadline for registration is April 15, 2021. (Please return the registration form to your child's school.
Please call the school office with changes, questions or concerns.

