

Crystal City #47 Summer School 2019 K-8 Enrollment Form

Don't Delay – Enroll NOW in this
FREE Program

I. Student Information (please print)

Please use student's legal name

Date: _____

First Name: _____

Middle Name: _____

Last name: _____

Grade Level (2019-20 school year): _____

Student Address: (include physical address if using PO Box for mail)

City: _____ State: MO Zip: _____

Parent/Guardian: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail address: _____

Emergency Contact: _____

Emergency Cell Phone: _____

Emergency Cell Phone: _____

Ethnicity: (circle one) Asian/Pacific Islander American Indian
Black Caucasian Hispanic

Gender: (circle one) Male Female

Birth Date: _____

Bus Route: _____

Current School: _____

II. Transportation

Bus Transportation

Will your child be riding the bus? Yes ___ No ___

Transportation Address (if different from above):

Other Transportation

Walk ___ Car ___ Picked up by: _____

Daycare: _____

Other: _____

II. Photo Release

I will allow any pictures taken of my child during participation in Summer School to be used for advertising and promotional purposes.

Yes ___ No ___

IV. Health Information

Health problems or concerns: Yes ___ No ___

If yes, please describe: _____

Is your child currently taking medication at school?

Yes ___ No ___

Name of Drug(s): _____

Is your child allergic to anything? Yes ___ No ___

If yes, please identify: _____

Will your child need medication during *Summer School*?

Yes* ___ No ___

Name of Drug: _____

*if yes, child must have a medical form on site.

Name and phone number of physician(s):

Hospital Preference: _____

In case of accident or serious illness, I request school personnel to contact me, alternate authorized persons, or the named physician. If it is impossible to contact me, authorized persons, or the physician, the school personnel may make emergency arrangements as necessary to care for my child.

Yes ___ No ___

Parent/Guardian Signature:

Date _____