

**Monday through Thursday;**

**June 1-July 16, 2020; 8:00 a.m. – 12:00 p.m.**

**FREE FOR ALL STUDENTS!!!**

SUMMER PROGRAM

***Student Information*:**

**School Name**: **SUWANNEE PRIMARY SCHOOL** **Today’s Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Legal Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade (2019-20):** \_\_\_\_\_\_\_\_\_\_\_\_

**Residential Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City, State, ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is a language other than English used in the home?** (circle one) **Yes No** **If yes, language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List any allergies or other critical information regarding your child’s needs** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent/Guardian Full Name*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Contact numbers* Home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Emergency Contact and Pick-Up Information:***

**Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone: \_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Persons authorized to pick up your child:***

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Phone number** |
|  |  |  |
|  |  |  |

***Spaces are limited so sign up fast! Program dates: June 1-July 16, 2020.***

**Siblings:**

***Please initial below:***

***\_\_\_\_\_ I give permission for my child to leave campus with 21st CCLC staff for local, walking field trips.***

***\_\_\_\_\_ I give permission for photos and/or videos of my child to be viewed on official school district websites and/or local media.***

***\_\_\_\_\_ I will make arrangements for my child to be picked up PROMPTLY at 12:00***

|  |  |
| --- | --- |
| **Name** | **Grade (2019-20)** |
|  |  |
|  |  |
|  |  |
|  |  |

***Parent Signature/Date***

***\*\*\*\*\*IMPORTANT:***

***Registration form must be signed by parent or guardian and child’s participation acknowledged by the 21st CCLC Site Coordinator before the child may participate in the program.***