

# SUMMER PROGRAM



Monday through Thursday;  
June 3-July 18, 2019; 8:00 a.m. – 12:00 p.m.  
**FREE FOR ALL STUDENTS!!!**



## *Student Information:*

School Name: SUWANNEE INTERMEDIATE SCHOOL

Today's Date: \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Grade (2018-19): \_\_\_\_\_

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 3-July 18, 2019.*

## **Siblings:**

Name	Grade (2018-19)

## *Please initial below:*

\_\_\_\_\_ *I give permission for my child to leave campus with 21<sup>st</sup> 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*

\_\_\_\_\_  
Parent's signature

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

*Registration form must be signed by parent or guardian and child's participation acknowledged by the 21<sup>st</sup> CCLC Site Coordinator, by a phone call, before the child may participate in the program.*