

New Arrivals

English as a Foreign Language Summer School

2008

Registration Form (Please Complete One for Each Child)

Program Dates: June 30th – August 1st There is no school on July 4th.

Classes begin at 8:00am; please be sure that your child is here on time. Classes end at 11:30am and lunch is served at noon. This year, Pre-School students will be meeting at the Sara Holbrook Community Center, and Middle School students will be meeting at Hunt Middle School.

Child's Name: _____ Date of birth: _____

Age: ____ Sex: ____ School: _____ Grade just completed: _____

Parent(s) or Guardian's Full Name: _____

Address: _____

Home Phone Number: _____ Work Phone Number _____

Native Country: _____ Native Language _____

Parent(s) or Guardian's Place of Employment: _____

Emergency Contact: _____ Phone: _____

Attendance Consent

My child _____ has permission to attend Sara Holbrook Community Center's summer school. I understand this program includes field trips and children will be walking, or taking public transportation. I understand that the Center is not responsible for my child once dismissed from the Center's property.

Parent (Guardian) Signature

Date

Please complete other side...

Free Lunch

Lunch will be served after the New Arrivals Summer Program. This lunch is free of charge. Would you like your child to have this lunch?

_____ Yes _____ No

Signature

Medical Information

Family Physician: _____ Phone Number: _____

Specific medical allergies, chronic illness or other conditions:

As a parent or guardian, I authorize necessary medical care by a qualified and licensed medical doctor of the above name or emergency medical technician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

This medical release is for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent (Guardian) Signature

Date

Photo Consent

I hereby irrevocably give my consent to Sara Holbrook Community Center and to such other persons as they may designate, to use my and/or my child's name, verbal statements and portrait or picture (motion or still) for public relations, advertising purposes or for any lawful purpose whatever, in any media now know or hereafter developed.

Parent (Guardian) Signature

Date

Child's Name: _____