

ENEMY SWIM DAY SCHOOL

Summer Academic Program 2017



Entering Grade: _____

Student Name: _____

Birthdate: _____ Student Cell Number: _____

Student Prefers To Be Called: _____ Home Phone: _____

Directions to home: _____

Physical Address: _____
city state zip code

Student lives with: Mother Father Guardian

Full Name: _____
first name middle initial last name

Mother
 Father
 Guardian

Employer: _____

Day Phone Number: _____ Cell Phone: _____

Email Address: _____

Full Name: _____
first name middle initial last name

Mother
 Father
 Guardian

Employer: _____

Day Phone Number: _____ Cell Phone: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION:

Contact Name: _____ May Pick-up Yes No

Relationship to Child: _____ Contact Phone Number: _____

Contact Name: _____ May Pick-up Yes No

Relationship to Child: _____ Contact Phone Number: _____

Student will be attending Summer Academic Program the weeks of:
_____ June 5-8 _____ June 12-15
_____ June 19-22 _____ June 26-29 _____ July 10-13 _____ July 17-20

In the event of an accident, illness or injury and I cannot be reached, I give the ESDS Summer Program staff permission to take action as deemed necessary for my child. I understand that ESDS Summer Program and its staff accept no responsibility for mishaps which could occur due to the nature of the activity in which my child is engaged. I understand that the Summer Program staff reserves the right to terminate the participation of any child when it is deemed to be in the best interest of the child or the ESDS Summer Program. I consent to the medical and/or dental assistance needed in my absence. The ESDS Summer Program supports and strongly encourages parents/guardians to be actively involved in the Summer Programs. Please feel free to call or visit anytime! I understand that the OST program which includes the Summer Academic Program, does have a fee of \$2.00 per hour my child participates in the OST program, and I understand that financial assistance is available through Child Care Services Assistance and through ESDS OST scholarships to help pay the fee. I understand it is my responsibility to take appropriate actions and to seek out these assistances or I will be responsible for my child(ren)'s payment monthly. I understand that it is my responsibility to inform the summer staff/school of changes that may affect the health and safety of my child. This includes, but it not limited to: changes in emergency contact informations; changes in individuals who may pick up my child; illness or contagious diseases, and/or transportation arrangements. As parent/guardian, I hereby give permission for my child to attend the ESDS 2017 Summer Program and its field trips. I have read and fully understand the cooperative agreement and I agree to comply with guidelines identified above.

signature of parent/guardian

date