

ENEMY SWIM DAY SCHOOL Summer Academic Program 2022

Student Name _____ Entering Grade _____
Birthdate _____ Student Cell Number _____
Student prefers to be called _____ Home Phone _____
Students physical address _____
Students mailing address _____

1. Student lives with: mother father guardian 2. Who has legal custody of student: mother father guardian

Full Name _____ mother father guardian
Employer _____
Day Phone Number _____ Cell Number _____
Email address _____
Full Name _____
Employer _____
Day Phone Number _____ Cell Number _____
Email address _____

EMERGENCY CONTACT INFORMATION

Contact name _____
Relationship to child _____ Contact phone number _____
Contact name _____
Relationship to child _____ Contact phone number _____

Student will be attending Summer Academic Program the weeks of:

___ June 6-9, 2022 Mon-Thurs 8:30am-2:30pm ___ June 27-30, 2022 Mon-Thurs 8:30am-2:30pm
___ June 13-16, 2022 Mon-Thurs 8:30am-2:30pm ___ July 11-14, 2022 Mon-Thurs 8:30am-2:30pm
___ June 20-23, 2022 Mon-Thurs 8:30am-2:30pm ___ July 18-21, 2022 Mon-Thurs 8:30am-2:30pm

I understand that the ESDS Summer Academic Program staff reserves the right to terminate the participation of any student when it is deemed to be in the best interests of the student or the ESDS Summer Academic Program. I understand that it is my responsibility to inform the program of changes that may affect the health and safety of my child. This includes, but is not limited to: changes in emergency contact information; changes in individuals who may pick up my child; illness or contagious diseases; and/or transportation arrangements.

I have read and fully understand the cooperative agreement and I agree to comply with the guidelines identified above and give my child permission to attend the Enemy Swim Day School 2021 Summer Academic Program and field trips

Signature of parent/guardian

Date

ESDS Summer Academic Program

2022 Medical Permission Form

Sometimes it is necessary to give over-the-counter medications at school for routine symptoms or illness. We need to have your permission to give these medications. Please check the medications below that may be given to your child during an illness or for other minor symptoms. These medications will be administered by the approved ESDS Summer Academic Program staff members.

___ Tylenol (age appropriate dose)

___ Ibuprofen (age appropriate dose)

___ Tums (age appropriate dose)

___ Pepto Bismol (age appropriate dose)

___ Midol (age appropriate dose)

___ Throat Spray (age appropriate dose)

Please list any allergies your child may have _____

Please list any medical conditions that we need to be aware of _____

I consent to any medical treatments for my child that may become necessary while attending Enemy Swim Day School Summer Academic Program 2021.

Parent/Guardian Signature

Date