



SUMMER ENROLLMENT APPLICATION FORM 2010

ENROLLMENT DATE (*First day student is to attend program*) _____

Check appropriate weeks needed:

- | | |
|--|---|
| <input type="checkbox"/> June 7-June 11
<input type="checkbox"/> June 14-June 18
<input type="checkbox"/> June 21-June 25
<input type="checkbox"/> June 28-July 2 | <input type="checkbox"/> July 6-July 9 <small>no July 5 program in observance of Independence Day</small>
<input type="checkbox"/> July 12-July 16
<input type="checkbox"/> July 19-July 23 |
|--|---|

Select appropriate program:

- | | |
|--|---|
| <input type="checkbox"/> Super Summer Club (completed K-2nd grade*)
Lost River Elementary School | <input type="checkbox"/> Eagle ROC (completed 3-5th grade*)
Lost River Elementary School |
| <input type="checkbox"/> Youth Activities Program (completed 6th-8th grade*)
Bowling Green Junior High School | <i>*Grade completed as of May 2010</i> |

PLEASE PRINT NEATLY.

CHILD'S NAME _____ DATE OF BIRTH ____/____/____

GRADE 2009-10 _____ SCHOOL ATTENDING 2009-2010 _____ Male Female

CHILD'S ADDRESS _____
Street Name Apartment or Space #

City State Zip Code

HOME TELEPHONE (_____) _____

PARENT DAYTIME E-MAIL ADDRESS(ES) _____

MOTHER/FATHER HOME TELEPHONE # (If different from above) (_____) _____

MOTHER/FATHER ADDRESS (If different from above) _____
Street Name City State Zip Code

MOTHER'S NAME _____ LAST 4 DIGITS OF SS # _____
 Are you the custodial parent? Yes No Shared custody

FATHER'S NAME _____ LAST 4 DIGITS OF SS # _____
 Are you the custodial parent? Yes No Shared custody

GUARDIAN'S NAME _____ LAST 4 DIGITS OF SS # _____
 (If applicable)

ADDRESS OF GUARDIAN _____
 (If different from above) Street Name City State Zip Code

PARENT or LEGAL GUARDIAN CONTACT & EMPLOYMENT INFORMATION:

MOTHER'S EMPLOYER _____

TELEPHONE (_____) _____ WORK HOURS _____ CELL PHONE _____

FATHER'S EMPLOYER _____

TELEPHONE (_____) _____ WORK HOURS _____ CELL PHONE _____

EMERGENCY INFORMATION:

OTHER THAN PARENTS, IN CASE OF EMERGENCY PLEASE NOTIFY _____

PHONE #s (area code, work, home, cell) _____

RELATIONSHIP TO CHILD _____

PLEASE LIST BELOW THE NAMES OF PEOPLE *OTHER THAN PARENTS* AND EMERGENCY CONTACT LISTED ABOVE WHO ARE PERMITTED TO PICK UP YOUR CHILD.

NAME PHONE #S (area code work, home, cell) RELATIONSHIP TO CHILD

NAME PHONE #S (area code, work, home, cell) RELATIONSHIP TO CHILD

NAME PHONE #S (area code, work, home, cell) RELATIONSHIP TO CHILD

PLEASE LIST ANY PERSON WHO IS NOT ALLOWED TO PICK UP YOUR CHILD.

COURT CUSTODY/RESTRAINING ORDERS FILED FOR THIS CHILD (must provide copy)

CHILD'S MEDICAL & DEVELOPMENTAL INFORMATION:

PHYSICIAN _____ TELEPHONE (_____) _____ HOSPITAL PREFERENCE _____

In planning our programs to meet your child's needs, we must have pertinent information, including any medical, behavioral and cognitive assessments. We also need to be aware of any services provided to your child during the day.

PLEASE CHECK IF CHILD HAS ANY OF THE FOLLOWING:

_____ Diabetes _____ Frequent colds _____ Earaches _____ Developmental delays

_____ Stomach Aches _____ Epilepsy _____ High Fevers _____ Toileting assistance

_____ Hearing Aid _____ Glasses _____ Special Needs _____ Physical disabilities

_____ ADHD _____ Autism _____ Other (please specify _____)

_____ IEP or 504 Plan (if so, provide copy of current plan so we can provide consistent direction, etc.)

PLEASE EXPLAIN CONDITIONS/TREATMENTS _____

LIST ANY MEDICATIONS THE CHILD IS CURRENTLY TAKING _____

_____ DOSAGES _____

LIST ALLERGIES AND ALLERGY SYMPTOMS:

_____ Asthma _____ Hay Fever _____ Hives _____ Food (please specify) _____

_____ Runny Nose _____ Watery Eyes _____ Other (please specify) _____

PRINT CHILD'S FULL NAME _____

PLEASE SIGN AND DATE THE FOLLOWING:



All the information on this application is completed accurately. I know that complete and accurate information is necessary to best serve my child. I understand that it is my responsibility to notify Community Education of any changes in employment, residence, phone numbers and any emergency information that may change.

Initials

I hereby authorize Community Education to seek medical treatment for my child in the event of an emergency, including transportation by ambulance to the nearest hospital. *I understand that I am solely responsible for any medical expenses including ambulance transportation, which my child may incur for any injuries, including those resulting from on-site injuries or off-site on an approved field trip.* I hereby release Community Education from any and all claims or causes of action for any injuries sustained by my child at the program.

Initials

I give permission for my child to participate in Community Education field trips, whether by walking a short distance or being transported from school on field trips, outings or other center-sponsored activities. I hereby release Community Education from any and all claims or causes of action for any injuries sustained by my child in being transported to or from school. A separate, signed permission slip is needed for bus trips.

Initials

I have received a copy of the Parent Handbook from Community Education and understand the contents within that handbook and I agree to abide by the provisions therein.

Initials

Occasionally a newspaper or television station visits to promote children's activities. Community Education has a web site that illustrates educational programs. I agree to allow my child to participate in these activities.

Initials

Community Education works with the school districts to provide consistent direction for children. I hereby authorize any school district or educational agency in which my above-named child, is or has been enrolled to release copies of all of my child's records in its possession to Bowling Green-Warren County Community Education. This authorization includes my consent to any school district's or educational agency's release of any and all of my child's education records to Community Education which would otherwise be protected from disclosure under the Family Educational Rights and Privacy Act 20 U.S.C. §1232.

Complete Signature*

Date

*My initials above represent my legal signature and constitute a legal agreement.

