

Emmaus Summer School 2019

Student Registration Form

August 12th – August 23th 9:00 AM – 3:00 PM

Name

Rising Grade

Birthday

M/F

Special Note

*Is your child in Advanced Classes in his/her school: Y/N
If yes, please specify school and program:*

Emmaus Summer Enrichment program has my permission to use photographs of children for promotional purposes.

Y N

Parent

Signature _____

Date _____

For Admissions Use Only

Registration fee \$100 per week per child

Both weeks

Check (made out to EUMKC)

Cash

Single week

Check (made out to EUMKC)

Cash

Student Emergency Information

ESEP 2019

Student's Legal last name		Legal first Name		Home Phone Number ()	
M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth (mm/dd/yyyy)		Teacher	
Home Address		Street		City	
				Zip	
Parent/Legal Guardian Information (Parent/Guardian listed 1st will be the 1st contact in case of emergencies):					
Parent/Legal Guardian #1 – Last name		First name		Cell Phone Number	
Email address		Relationship to child		Home Phone number	
Parent/Legal Guardian #2- Last name		First Name		Cell Phone Number	
Email address		Relationship to child		Home Phone Number	
Student's emergency contact list – If parent(s) cannot be reached in an emergency call:					
1. Last Name	First Name	Phone Number	Relationship to child	Can also Pick up Child Y <input type="checkbox"/> N <input type="checkbox"/>	
2. Last Name	First Name	Phone Number	Relationship to Child	Can also Pick up Child Y <input type="checkbox"/> N <input type="checkbox"/>	
Health Information- Please indicate below any health problems that your child may have:					
Food Allergy:		Insect allergy requiring medication		Medication allergy	
Describe reaction to above allergen:			Does this student have a prescription for an epinephrine injection? Y <input type="checkbox"/> N <input type="checkbox"/>		
<p>I give permission for ESEP to administer necessary first aid treatment including creams, ointments, lotions, and/or wound cleansers on my child as needed.</p> <p>Signature of Parent/Guardian _____ Date _____</p> <p>In case of emergency, every attempt will be made to contact a parent/guardian. The rescue squad will also be called in all emergency situations.</p>					

ESEP 2019 – PARENTAL CONSENT FORM

Parents **must agree to consent to all items listed below**. A signed form must be submitted to the summer program before children can attend school. Please keep a copy of this page and read it carefully before signing.

I understand that while attending ESEP, my child will participate in the programs and activities offered.

I understand that accidents and injuries may occur during participation in such activities, and that every reasonable effort will be made to provide care by the summer school staff.

I understand that my child may participate in field trips offered by ESEP, including field trips with transportation provided by a church bus. I thereby give permission for my child to take the necessary mode of transportation to fully participate in all program activities. I understand that I also have the option to transport my own child to necessary locations if I do not grant permission for my child to be transported via the church bus.

I hereby give permission for medical attention to be administered to my child by the summer school staff in the event of a medical emergency. When I cannot be contacted, I hereby give my consent to have my child transported to a hospital emergency room and the hospital and medical staff have my authorization to provide any treatment, at my expense, that a physician deems necessary for the well-being of my child.

I hereby waive and release Emmaus Summer Enrichment Program and its teachers, employees, and volunteers against any and all present and future claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs, resulting from any damage, loss, personal injury or illness to my child and/or damage to my child's property arising from or out of my child's attendance or enrollment in, or out of my child's participation in activities at or offered by, Emmaus Summer Enrichment Program.

Dismissal of Student: Emmaus UMC Summer School reserves the right to dismiss, in its sole discretion, any student whose behavior is deemed unsatisfactory or detrimental to the best interests of the summer program, themselves, other students, and/or staff, in which case no refunds will be made.

Child's Name: _____ Date of Birth: _____

I HAVE READ AND FULLY UNDERSTAND ALL THE TERMS AND CONDITIONS AS EXPLAINED ON THIS PARENTAL CONSENT FORM AND GIVE PERMISSION AS OUTLINED ABOVE.

Parent/Legal Guardian 1 Name (printed): _____

Signature: _____ Date: _____

Parent/Legal Guardian 2 Name (printed): _____

Signature: _____ Date: _____