



**2017 STEAM Enrichment Summer Program**

**STUDENT ENROLLMENT**  
**FORM**



**CHILD'S INFORMATION** *Please print clearly*

Summer site your student will be attending (please circle one):

**Grover Washington Jr Middle School      John Welsh School      James G. Blaine School**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Gender:  
 Male  
 Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade:  
 5  
 6  
 7  
 8

Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Student ID# / Lunch # \_\_\_\_\_



**PARENT/LEGAL GUARDIAN INFORMATION** *Please print clearly*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Email Address \_\_\_\_\_



**EMERGENCY AND MEDICAL INFORMATION** *Please print clearly*

\*\*The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child in the event of early dismissal or illness; and 3) have the authority to speak on behalf of the parent or legal guardian\*\*

\_\_\_\_\_ FULL NAME      \_\_\_\_\_ RELATIONSHIP      \_\_\_\_\_ HOME NUMBER      \_\_\_\_\_ CELL/WORK NUMBER

\_\_\_\_\_ FULL NAME      \_\_\_\_\_ RELATIONSHIP      \_\_\_\_\_ HOME NUMBER      \_\_\_\_\_ CELL/WORK NUMBER

\_\_\_\_\_ FAMILY PHYSICIAN      \_\_\_\_\_ PHYSICIAN PHONE NUMBER

My child has allergies which are: \_\_\_\_\_  
 My child has medical concerns or special needs which are: \_\_\_\_\_  
 My child takes medication(s) which are: \_\_\_\_\_



**PROGRAM REFERRAL**  
 If a classmate or teacher referred you to the program, Please tell us who!  
 Student: \_\_\_\_\_  
 Teacher: \_\_\_\_\_



**CHILD RELEASE FROM PROGRAM**

*Please print clearly*

I, hereby give permission for my child to attend The STEAM Enrichment Summer Program. I give permission for my child to be dismissed in the following way:

**Please read carefully & choose accordingly:**

- \_\_\_\_\_ My child has permission to walk home from The STEAM Enrichment Summer Program.
- \_\_\_\_\_ My child will ride public transportation home from The STEAM Enrichment Summer Program.
- \_\_\_\_\_ I will pick up my child from The STEAM Enrichment Summer Program.
- \_\_\_\_\_ My child has permission to be picked up by \_\_\_\_\_ from The STEAM Enrichment Summer Program. **(Print Name)**



**ENROLLMENT AGREEMENTS**

*Please print clearly*

*Please read the following agreements carefully and sign at the bottom.*

**Release Agreement:** I understand that the school building closes promptly after the STEAM ENRICHMENT Summer Program ends each day. I also understand that, if I elect to pick up my child, I am responsible for my child leaving the program on time. If I am late more than three times to pick up my child, I understand that the program and school staff has the right to remove my child from the program.

**Emergency Care Release:** In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization.

**Photography Release:** I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of PAEP promotional use. If I do not want my child photographed, videotaped, and/or interviewed, I must notify PAEP in writing.

**Enrollment Agreement:** I understand that this enrollment form must be filled out **completely**. Missing sections may prevent my child from attending the program.

**Code of Conduct:** I understand my child is required to follow The School District of Philadelphia's Student Code of Conduct. I understand that all parents and children are expected to respect the program and school staff. If my child exhibits inappropriate behavior during the program a behavior report will be issued. After three behavior reports, my child may be suspended or removed from the program.

\_\_\_\_\_ **Print Parent/Guardian Name**

\_\_\_\_\_ **Parent/Guardian Signature**

\_\_\_\_\_ **Date**

**\*Please submit this Enrollment Form to the school's Main Office\***

**PLEASE NOTE:** All information on this form is needed to secure funding for this program. Information is kept confidential will NOT be used for ANY other purpose.

*This program is funded by the PA Department of Education's 21<sup>st</sup> Century Community Learning Center*

