

2021 Summer School Registration Form - Please use a separate form for each child.

(Complete and return to the district office before May 17, 2021)

Name of Student: _____ Grade in 2021-22 School Year: _____

Register my child for the following classes/dates (check all that apply). Please note that **sessions are generally 8:30-1:00** unless otherwise noted. Please do not "double book" your child. Please note – this is an inquiry only; if enough students do not sign up for a class, it will be cancelled. Note: **Grades students are entering are in parentheses, if your child does not fit the grade category, please do not sign her/him up for that particular class.**

June 7-11

- Drama (gr. 4-12)
- Swimming Lessons (gr. 1-8)

June 14-18

- Open Swimming (gr. 1-8)

June 21-25

- Outdoor Learning School (gr. 1-7)
- Academic Skills Development (gr. 1-8)
- College Visits (gr. 10-12)
- Basketball Skills (girls gr. 3-8)

June 28-July 2

- Outdoor Learning School (gr. 1-7)
- Academic Skills Development (gr. 1-8)

July 12-16

- Open Swimming (gr. 1-8)
- Basketball Skills Development (girls gr. 7-12)

July 19-23

- Golf (gr. 7-12)
- Volleyball (gr. 5-8)

July 26-30

- Volleyball (gr. 9-12)
- Art Camp (gr. 1-8)
- Football Mini Camp (gr. 8-12)

August 2-6

- Plein Air Painting (gr. 3-12)

I give my child, _____ permission to attend the classes I checked on this sheet. This includes permission for all associated field trips, if applicable. I understand that lunch is **not** provided, so I need to pack a lunch for my child.

Parent/Guardian Signature

Telephone

Date

Summer School Emergency Response and Release

Student: _____ Parent/Guardian: _____

Address: _____ City/State/Zip Code _____

Student's Date of Birth: _____ Family Physician _____

Home Phone: _____ Work Phone: _____

Parent/Guardian Cell Phone: _____ E-mail: _____

In case of accident or serious illness, I/we hereby request the school to contact a parent/guardian first, but also authorize school personnel to contact the above physician directly if neither parent/guardian can be reached. I/we further authorize school personnel to contact other medical response units in case the physician listed above is not immediately available. Health concerns/medications, if any, are listed: _____

Parent/Guardian Signature

Date