



Madill Public Schools

Summer Program

(Grades K – 8)

June 2 – 27, 2014

A 21st Century Community Learning Center

STUDENT INFORMATION						
Last Name:	First Name:	Middle Initial:	2013-2014 Grade	Birth Date: / /	Age:	Sex: M or F
Race: Please select at least one.	<input type="radio"/> White	<input type="radio"/> African American	<input type="radio"/> Other	During the 2013 – 2014 school year my child participated in the Free/Reduced Lunch Program. Yes or No		
	<input type="radio"/> Hispanic	<input type="radio"/> Native American	CDIB Number Yes or No			
Address:			City:	State:	Zip Code:	
My child attended the before or after-school program during 2013-2014. Yes or No						
Language spoken at home: _____						
PARENT/GUARDIAN INFORMATION						
<i>Please include information for multiple parent/guardians if available.</i>						
Parent/Guardian Name:		Relationship to student:			Home Phone Number:	
Address:		City:	State:	Zip Code:	Cell Phone Number:	
Email:		Place of Employment:			Work Phone Number:	
Parent/Guardian Name:		Relationship to student:			Home Phone Number:	
Address:		City:	State:	Zip Code:	Cell Phone Number:	
Email:		Place of Employment:			Work Phone Number:	
IN CASE OF EMERGENCY						
Emergency contacts should be a family member or family friend over the age of 18. Please include at least two emergency contacts (not including yourself).						
1 st Emergency Contact:		Relationship to Student:		Home Phone:	Cell Phone:	
2 nd Emergency Contact:		Relationship to Student:		Home Phone:	Cell Phone:	
3 rd Emergency Contact:		Relationship to Student:		Home Phone:	Cell Phone:	
TRANSPORTATION						
<i>How will your child get home?</i>						
<input type="radio"/> Walk		<input type="radio"/> Pick Up		<input type="radio"/> JAMM Bus In town only.		

STUDENT ALLERGIES	
Allergy:	Treatment:
Allergy:	Treatment:
ADDITIONAL INFORMATION:	
Please include any additional information about your student that we should know: (You may also want to include subjects your student struggles in.)	
PHOTOGRAPHY AND PUBLICITY RELEASE AGREEMENT:	
I give permission Madill Public School's 21 st CCLC to publish photographic pictures and/or video in which the student may appear or may be included, the use of the name of the student, publish stories, artwork or creative writing in dissemination to the public through newsletters, brochures, booklets, papers, articles or the internet.	
<input type="radio"/> YES, I give my permission.	<input type="radio"/> NO, I do not give my permission.
MEDICAL TREATMENT CONSENT:	
I certify that my child is not suffering from any condition, physical or otherwise that may prevent him/her from participating in any planned activity. If a medical emergency should arise regarding my child, I hereby grant Madill Public School's 21 st CCLC permission to select a physician and/or hospital for my child's care and to administer any emergency medical treatment which my child may require. I also give medical personnel and/or the hospital my permission to treat my child at the request of representatives of Madill Public School's 21 st CCLC. I will assume responsibility for my child's health while in the Madill 21 st CCLC program. Should any above stated health condition change, I will promptly notify the Project Director.	
<input type="radio"/> YES, I give my permission.	<input type="radio"/> NO, I do not give my permission.
PICK UP POLICY:	
I understand that Madill Public School's summer program ends at 5:00 p.m. Monday – Friday from June 2 to June 27, 2014. Furthermore, I understand that I must pick up my child no later than 5:15 p.m. unless arrangements have been made for special pick up times in case of field trips. Students who walk home must sign himself/herself out at the end of each day.	
<input type="radio"/> YES, I agree.	<input type="radio"/> NO, I do not agree.
FIELD TRIPS:	
I give my permission for my child to go on field trips with his/her class and to ride a school district bus if necessary. Students must attend Monday through Thursday to participate in the Friday activities unless prior arrangements are made with the Project Director.	
<input type="radio"/> YES, I give my permission.	<input type="radio"/> NO, I do not give my permission.
SIGNATURE OF PARENT/GUARDIAN AND STUDENT:	
I understand that my child may not always come to the program daily as he/she states. I understand that it is my responsibility to call the school office to check on my child's attendance and program participation. I further understand that a written Incident Report will be completed and discussed with me whenever my child behaves disrespectfully, inappropriately, destroys property, injures another person, uses improper language, or in any other way disrupts Madill's 21 st CCLC summer program. Furthermore, I'm aware that my child may be released from the program for inappropriate behavior.	
Parent/Guardian Signature:	Date:
Student Signature:	Date:

Classes are scheduled to be Monday through Friday, June 2 - 27, 2014,
from 7:45 to 5:15 p.m.

All classes will be held at the elementary site.

Please return applications to the ECC, elementary, or middle school office no later than May 1, 2014.

If your child is selected, you will receive a confirmation letter.