

"Summer Olympics"

Summer School 2024

KINDERGARTEN ENROLLMENT FORM

Students entering Kindergarten (August of 2024)

STUDENT INFORMATION – (PLEASE PRINT and USE BLACK OR BLUE INK ONLY)

Please use the student's legal name and enter the student's correct date of birth.

LAST FIRST MIDDLE
____ Male ____ Female Date of Birth ____/____/____ Race _____
MONTH DAY YEAR White, Asian, Black, Hispanic, Amer. Indian, Native Hawaiian

Home Address _____

City _____ State _____ Zip _____

Email _____

Parent/Guardian _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Emergency Contact _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Alternative Emergency Contact _____ Relationship _____

Cell # _____ Home # _____ Work # _____

*****PLEASE ALSO FILL OUT THE ATTACHED *SUMMER SCHOOL HEALTH FORM* and *SUMMER SCHOOL TRANSPORTATION FORM*.**

Parent/Guardian Signature _____ Date _____

Health Form

Student's Legal Name _____

(PLEASE PRINT) LAST FIRST MIDDLE

Date of Birth _____

Other Family Members Attending Summer School _____

Guardian (s) _____

Home Phone _____ Work Phone _____ Cell _____

Emergency Contact _____ Relation _____ Home # _____

Work # _____ Cell # _____

Alternative Emergency Contact _____ Relation _____ Home # _____

Work # _____ Cell # _____

Does your child have an I.E.P.? ___ Yes ___ No

If yes, please specify program and teacher name _____

Health Problems or Concerns ___ Yes ___ No

If yes, please describe in the space below any vision or hearing difficulties, diabetes, asthma, seizure disorder, allergies, activity restrictions, orthopedic problems, mental/health concerns, or special health procedures that will need to be carried out during regular Summer Adventure hours. _____

Is your child currently taking medication at home or school? ___ Yes ___ No Medication _____

Is your child allergic to anything? ___ Yes ___ No If yes, please identify _____

Will your child need medication during Summer School hours? ___ Yes ___ No
(If yes, the child must have a medical form on site.)

Name and phone number of student's physician (s) _____

Hospital Preference _____

In case of accident or serious illness, I request school personnel to contact me, alternate authorized persons, or the names physician. If it is impossible to contact me, authorized persons, or the physicians, the school personnel may make emergency arrangements as necessary to care for my child.

Parent/Guardian Signature _____ Date _____

TRANSPORTATION - (provided to students who reside in De Soto District only)

Bus Transportation

Will your child be riding the bus? Yes ___ No ___

Transportation Address _____

Sunrise Optional Bus Stops:

___ Agape Church (Athena) ___ SMCI (Vineland) ___ Summer Set Back Gate (Vineland)

Other Transportation ___ Walk ___ Car Other _____