OFFICE USE ONLY

Date Received

Grade

**MISSION ELEMENTARY SUMMER SCHOOL REGISTRATION FORM**

Please return the completed form to the appropriate school office (East Elementary or Mission Elementary)

**Please Print**

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| **Child’s Name** | **Child’s Grade**  **(this school year)** | **Child’s Homeroom Teacher** |

|  |  |
| --- | --- |
| **Parent/Guardian Names**  #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Mailing Address**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Cell Phone**  #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Home Phone**  #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Work Phone**  #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Email Address #1** | **Email Address #2** |

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| **Emergency Contacts:** Names and Phone Numbers |
| #1 |
| #2 |
| #3 |
| #4 |

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| ***REACHOUT Summer School is May 29 – June 22 from 9:00 a.m. to 12:00 p.m. Monday, Wednesday, Friday and from 9:00 a.m. to 5:00 p.m. Tuesday and Thursday. (If we have any time changes, we will send a note.)***  **Please circle the days your child will attend:**  ☺Monday ☺Tuesday ☺Wednesday ☺Thursday ☺Friday |

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| ***NO CHILD IS ALLOWED TO WALK HOME ALONE FROM REACHOUT WITHOUT A SIGNED WAIVER.***  ***You must designate a responsible adult to pick up your child.***  \_\_\_\_\_\_ My Child has permission to walk home after REACHOUT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(Parent/guardian signature)***  \_\_\_\_\_\_ My child may be picked up by:   1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   REACHOUT Summer School ends at 12:00 PM Monday, Wednesday and Friday and 5:00 Tuesday and Thursday. Students must be picked up no later than 12:30 PM each day Monday, Wednesday, Friday and 5:30 Tuesday and Thursday.  You must pay $10.00 for every ten minutes your child remains after 12:30 p.m. on Monday, Wednesday, and Friday and 5:30 on Tuesday and Thursday.  (Example: If you came to pick up your child at 12:50 PM, then you will pay $30.00 in late fees)  ***I have read and understand this statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Signature)*** |

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| **Medical Information**  Please list any health problems, conditions, or disabilities that REACHOUT should be aware of: Including allergies to insect bites, allergies to food, allergies to medications, asthma, diabetes, heart problems, seizures disorders, glasses, hearing aids, and/or any other conditions.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

REACHOUT

Registration Page 2

Parents/Guardians:

REACHOUT seeks to promote and increase student academic enrichment and achievement, increase positive youth development, and increase family empowerment. Information and data will be gathered about how participating students grow academically; gain in social behavioral skills and self-concepts; and how parents are engaged with the program.

Some of the data we will need to collect will include your student’s grades, grade level, standard test information, disciplinary referrals, surveys, and recording participation information. From time to time we will need feedback and/or surveys from you as to how your student is reacting to the program and services provide by REACHOUT as well as your perceptions of the program and its many activities and services.

1. I understand that information and data will be gathered during REACHOUT and grant permission to have my child participate in the REACHOUT Afterschool Program related activities. I understand that the REACHOUT Afterschool Program is funded by the 21st Century Community Learning Centers and some data must be given to the Oklahoma State Department of Education and to the U.S. Department of Education. No individually identifiable information will be used in reports unless ***required*** by the OKSDE or USDE.

***Parent/Guardian Signature Date***

1. By signing below, I, as the parent/guardian of the student, understand and agree to the terms and expectations of participation of the REACHOUT Afterschool Program.

***Parent/Guardian Signature Date***

1. The REACHOUT Afterschool Program will be collecting Videos and photographs. I give permission for my child’s photo or video to be used in materials such as a newsletter, newspaper, presentations, and school website.

***Parent/Guardian Signature Date***

1. I give REACHOUT permission to transport my child field trips and other activities.

***Parent/Guardian Signature Date***

1. In case of an accident or injury and you cannot be contacted, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeons, or hospital necessary for proper health and well-being of my child.

***Parent/Guardian Signature Date***