

CHAMPS-Summer Program Enrollment Form

21st Century Community Learning Center
Garden County Elementary
PO Box 230 800 W. 2nd Oshkosh NE 69154

Student Information

Name: _____ Grade Entering: _____ DOB: _____

Name: _____ Grade Entering: _____ DOB: _____

Name: _____ Grade Entering: _____ DOB: _____

Family/Guardian Information

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Best way to reach you in case of Emergency: _____

Medical Information: (Required)

Please list any medical conditions affecting your child, including allergies and intolerance to food, medications, or any other conditions that may affect your child's health while attending the program:

Emergency Contacts:

(MUST be at least 2 LOCAL contacts for pick up or incase of an emergency if parents cannot be reached)

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

Authorized to pick up (other than parent/guardian)

Name: _____ Name: _____

Name: _____ Name: _____

BY SIGNING THIS I AGREE TO THE FOLLOWING:

1. I give my permission for my child to be enrolled in the CHAMPS summer program.
2. I understand that the CHAMPS summer program does not carry health and accident insurance for my child, and that I as a guardian will be primarily responsible in case of injury where bills are incurred.
3. I give CHAMPS staff my permission to transport my child for purpose of medical care (Parent will be notified first).
4. I give permission for the CHAMPS staff to use any photographs, writings, artwork, etc. for promotional materials, presentations and documentary purposes.
5. I understand that my child may be dismissed for failure to follow CHAMPS policies as well as GCE handbook policies. As the parent/guardian, I will work as a partner with CHAMPS staff to ensure my child is successful in the program.
6. I will make arraignments for my child to be picked up at the end of the day.
7. I give my permission to transport my child to the events and off site fieldtrips.

Parent/Guardian

Date

Vision: Children will have a safe and productive place to be enriched during the summer.

Result: Our youth will explore, learn, laugh, and grow!

For office use only

Student ID #	Status:
--------------	---------