





CHILD'S INFORMATION

Please print clearly

LOCATION: Grover Washington	, Jr. Middle School SCH	OOL YOU ATTEND:	 Gender:					
First Name	Last Name	Middle Initial						
Address			Grade:					
City State	Zip Code	Date of Birth	5					
Home Telephone Number	Cell F	hone Number						
Student ID# / Lunch #	Student ID# / Lunch # 8 Major Art Form:							
PARENT/LEGAL GUARDIAN INFORMATION Please print clearly								
First Name	Last Name	Relationshi	p					
Home Number	Cell Number	Work Number	Work Number					
Email Address								
**The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child in the event								
of early dismissal or illness; and 3) have th			, , , , , , , , , , , , , , , , , , , ,					
FULL NAME	RELATIONSHIP	HOME NUMBER	CELL/WORK NUMBER					
FULL NAME	RELATIONSHIP	HOME NUMBER	CELL/WORK NUMBER					
FAMILY PHYSICIAN		PHYSICIAN PHONE NUMBER						
My child has allergies which are:								
My child has medical concerns or special needs which are:								
My child takes medication(s) wh	ich are:							

Complete Page 2



PROGRAM REFERRAL

If a classmate or teacher referred you to the program, Please tell us who!

Student:	

Teacher:

CHILD RELEASE FROM PROGRAM

Please print clearly

Print Parent/G	uardian Name	Parent/G	uardian Signature	Date
Code of Conduct:	understand that all parent	s and children are expension during the progra	chool District of Philadelphia's ected to respect the program as behavior report will be is from the program.	and school staff. If my child
Enrollment Agreement:	I understand that this enro child from attending the p		lled out completely . Missing s	sections may prevent my
Photography Release:	-		, videotaped, and/or interview hotographed, videotaped, an	
Emergency Care Release	In the event of an emerger provide the necessary first		e reached, I authorize emerge tion.	ency medical personnel to
Release Agreement:	ends each day. I also unde	rstand that, if I elect to m late more than thre	nptly after the STEAM ENRICH pick up my child, I am respor e times to pick up my child, I u from the program.	nsible for my child leaving
Please read the following	agreements carefully and si	ign at the bottom.		
ENROLLME	NT AGREEMENTS	Please print clearly		
Son Lanne Care			Summer Progra	am. (Print Name)
	nas permission to be picked			AM Enrichment
	vill ride public transportatio up my child from The STEAN		M Enrichment Summer Progr	am.
	nas permission to walk home			
	refully & choose according	ngly:		
l, hereby give permission child to be dismissed in		e STEAM Enrichment	Summer Program. I give per	mission for my

Please submit this Enrollment Form to the school's Main Office

PLEASE NOTE: All information on this form is needed to secure funding for this program. Information is kept confidential will NOT be used for ANY other purpose.

This program is funded by the PA Department of Education's 21st Century Community Learning Center



