

STEAM Enrichment Summer Program

STUDENT ENROLLMENT FORM



CHILD'S INFORMATION *Please print clearly*

LOCATION: **Woodrow Wilson Middle School** **SCHOOL YOU ATTEND:** _____

First Name _____ Last Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____ Date of Birth _____

Home Telephone Number _____ Cell Phone Number _____

Student ID# / Lunch # _____ **Major Art Form:** _____

Gender:

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Grade:

<input type="checkbox"/>	5
<input type="checkbox"/>	6
<input type="checkbox"/>	7
<input type="checkbox"/>	8



PARENT/LEGAL GUARDIAN INFORMATION *Please print clearly*

First Name _____ Last Name _____ Relationship _____

Home Number _____ Cell Number _____ Work Number _____

Email Address _____



EMERGENCY AND MEDICAL INFORMATION *Please print clearly*

****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 the authority to speak on behalf of the parent or legal guardian****

_____	_____	_____	_____
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) which are: _____

Complete Page 2



Philadelphia Arts in Education Partnership

STEAM Enrichment Summer Program

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

I, hereby give permission for my child to attend The STEAM Enrichment Summer Program. I give permission for my child to be dismissed in the following way:

Please read carefully & choose accordingly:

- My child has permission to walk home from The STEAM Enrichment Summer Program.
My child will ride public transportation home from The STEAM Enrichment Summer Program.
I will pick up my child from The STEAM Enrichment Summer Program.
My child has permission to be picked up by _____ from The STEAM Enrichment Summer Program. (Print Name)



ENROLLMENT AGREEMENTS

Please print clearly

Please read the following agreements carefully and sign at the bottom.

Release Agreement: I understand that the school building closes promptly after the STEAM ENRICHMENT Summer Program ends each day. I also understand that, if I elect to pick up my child, I am responsible for my child leaving the program on time. If I am late more than three times to pick up my child, I understand that the program and school staff has the right to remove my child from the program.

Emergency Care Release: In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization.

Photography Release: I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of PAEP promotional use. If I do not want my child photographed, videotaped, and/or interviewed, I must notify PAEP in writing.

Enrollment Agreement: I understand that this enrollment form must be filled out completely. Missing sections may prevent my child from attending the program.

Code of Conduct: I understand my child is required to follow The School District of Philadelphia's Student Code of Conduct. I understand that all parents and children are expected to respect the program and school staff. If my child exhibits inappropriate behavior during the program a behavior report will be issued. After three behavior reports, my child may be suspended or removed from the program.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

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.

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