

For Office Use Only:
Date Rec'd: _____
Fee Pd. \$ _____
Scholarship Form: Y/N

Please return to your child's school no later than Monday, May 7th.



PROJECT EXTRA

Naturally Curious Summer Program 2018

July 9th through August 10th

Today's Date: _____

Child's Information:

Child's last Name: _____ MI: _____ First Name: _____
Address: _____ Home Phone: _____
Age: _____ Grade: _____ Gender: _____ DOB: _____
School: _____

Parent/Guardian Information:

Mother/Guardian: _____ Cell#: _____
Phone#: _____ Email: _____
Employer: _____ Work Phone#: _____
Child Lives With (please circle): Mother Father Both Parents Other (specify) _____
Father/Guardian: _____ Cell#: _____
Phone#: _____ Email: _____
Employer: _____ Work Phone#: _____

Emergency Contact (other than parent/guardian): _____ Relationship: _____
Phone#: _____ Cell #: _____

Health Information: Please check all that apply where necessary

- Asthma
- Allergies (please specify)
- Heart condition
- Seizures
- Diabetes
- Dietary needs
- Other disabilities or health concerns (behavior, etc.)
- My child wears glasses
- My child has a diagnosed hearing impairment
- My child wears a hearing aid
- My child carries an asthma inhaler

Does your son/daughter carry an Epi-Pen? Yes No

If you answered yes, please see the Site Director for an authorization form.

Other medical/health information we should be aware of:

If any of the above are checked, is an emergency plan necessary?
 Yes No

Days my child **will** attend camp (please circle all that apply):

Monday Tuesday Wednesday Thursday Friday

Scheduled any vacation? Please let us know the days/week(s): _____

Yes, I am interested in the aftercare program for my child because I work until 5:00 pm. I understand there is a fee for this program (please contact Site Coordinator or see flyer for details).

Does your child need any special assistance or accommodations due to his/her health or behavior issues? If so, please explain:

Physician's name: _____ Phone No.: _____

Physician's Address: _____

Policy Holder Name: _____

Insurance Company: _____ Policy Number: _____

Program Departure Information: Project EXTRA Dismissal

Please be considerate of Project EXTRA faculty and staff by adhering to our closing time. If a child is at the school site a half of an hour after closing time, without communication from the parents and emergency contacts cannot be reached, Project EXTRA reports incident to the local police department to assist in locating the parents.

Child allowed to walk home: Yes _____ No _____

*My child needs transportation: Yes _____ No _____

****Transportation is provided only for families who have no other transportation. The bus schedule will be finalized by June 12th. NO changes will be made after that time. Return bus is at 3:00 pm. There is no bus at 5:30 pm.***

Persons authorized to pick-up child: Mother/Guardian Yes _____ No _____ Father/Guardian Yes _____ No _____

Please list any others that **will be allowed** to pick up your child from our programs:

<u>Name</u>	<u>Address</u>	<u>Phone#</u>	<u>Relationship</u>

Persons **NEVER** authorized to pick-up child: _____

Medical Treatment: I give permission for the Project EXTRA staff or volunteers to provide minor emergency medical treatment for my child or to call 911 for more severe medical emergencies. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician. I agree to make any medical or behavioral concerns known to the Project EXTRA Program Director via written description. _____
Initial here

Property Loss: Project EXTRA through Laconia School District is not responsible for personal property lost, damaged, or stolen during Project EXTRA summer day camp activities. _____
Initial here

Rules/Regulations: I acknowledge my child must adhere to all the rules, regulations, and instructions pertaining to the safety and protection of all participants and staff, and that failure to comply could exclude my child from participation in the Project EXTRA summer day camp activities. _____
Initial here

Photograph Permission: **I DO** **I DO NOT** give permission for Project EXTRA to use, without limitation or obligation, photographs, voice recordings, or film footage for program use and/or for purposes of occasionally promoting Project EXTRA summer day camp activities. _____
Initial here

Health/Immunization Records: I give Laconia School District permission to release current copies of my child's physical health form and immunization records to the Project EXTRA Site Director. _____
Initial here

Signature of Parent/Guardian: _____ Date: _____

\$35 Annual registration fee enclosed (no cash- Checks or Money Orders only).
Registration forms will not be accepted without registration fee.
First week fee due NO LATER than first day of summer program- July 9th.
Please contact your Site Coordinator if you have questions regarding scholarships for weekly fees.