# Saranac Elementary
# "Jump Start" Academic Summer Camp
# *August 2017* Student Enrollment Form

DATE OF APPLICATION_____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME OR INITIAL _____

GRADE (Fall 2017) _____ M/F _____ DATE OF BIRTH _____ AGE _____

HOME/STREET ADDRESS _____ PO BOX _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ DAYTIME EMERGENCY PHONE (WORK or CELL) _____

Father/Step/Guardian Name _____ Mother/Step/Guardian Name _____

Place of Employment _____ Phone _____ Place of Employment _____ Phone _____

SIGNATURE OF CUSTODIAL PARENT/LEGAL GUARDIAN _____

Cost for summer camp will be **$60.00.** Please make checks payable to **Saranac Community Schools.** Thank you for enrolling your son/daughter in our Summer Camp. Contact us at 642-1200 or 642-1400 if you have any questions.

Did your son/daughter attend summer camp last summer? • Yes • No

Did your child receive assistance from any of the following:

| | Yes | No | Comments |
|---|---|---|---|
| Free/Reduced lunch | ___ | ___ | _____ |
| Title I | ___ | ___ | _____ |
| 504 Accommodations | ___ | ___ | _____ |
| Special Education Services | ___ | ___ | _____ |

Scholarships are available for academic and/or financial need. Would you like additional information?

☐ Yes ☐ No

**More information to Complete on Back**

In case of an emergency, if a parent can't be reached, please call one of the following:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In case of an accident or serious illness, I hereby request that the school contact me. If the school is unable to reach me, I hereby authorize the school to secure emergency medical treatment or make whatever arrangements necessary.

Other medical concerns (Allergies, glasses, medications, etc.)

_____

_____

If your son/daughter is on medication, will it need to be dispensed during Summer Camp hours (8:15-12:00)? If so, an additional form needs to be filled out.

Your son/daughter may have the opportunity to attend special activities as scheduled by the summer camp staff. You will be notified in advance of the special activity and any possible fees that may apply.

☐ I give my permission for my son/daughter to attend special activities.

☐ I do not give my permission for my son/daughter to attend special activities.

_____

Parent Signature Date

**For new students and non-residents:**

_____

LAST SCHOOL ATTENDED

_____

ADDRESS

_____

RESIDENT SCHOOL DISTRICT IF OTHER THAN SARANAC COMMUNITY SCHOOLS