

SCHOOL DISTRICT OF INDIAN RIVER COUNTY
Extended Day Program SUMMER CAMP 2019
Registration

PLEASE PRINT

Summer Camp Site _____ Date _____
 Student Name _____ Date of Birth _____
 Last Name First Name
 School Attended Last Year _____ Upcoming School Year Grade _____
 Mailing Address _____ City _____ Zip _____
 Parent Email Address _____
 Home Telephone Number _____
 Mother's Name _____ Cell Phone _____
 Work Place _____ Phone _____
 Father's Name _____ Cell Phone _____
 Work Place _____ Phone _____
 Child's Doctor's Name _____ Phone _____

Medical Problems? No Yes, Explain _____
 Taking Medication? No Yes, Explain _____

Please note that Extended Day Program staff are not allowed to administer any type of medication.

List of Allergies (include food) _____

Only Parents listed above or Persons listed below will be allowed to pick up your child. If you need to update or add anyone else it must be done in writing. We cannot accept phone calls.

| | |
|---------|-----------|
| Name | Telephone |
| Address | |
| Name | Telephone |
| Address | |
| Name | Telephone |
| Address | |

I hereby consent for my child to participate in the Extended Day Program and agree to release and discharge the Indian River County School District, its officers, agents and employees, exercising reasonable care within their scope of employment, from all liability, claims, damages, suits, judgments, and settlements involving personal injury and property damage resulting from or arising in connection with the Extended Day Program.

| | |
|-----------------------|--------------------------|
| Parent's Printed Name | Parent's Legal Signature |
|-----------------------|--------------------------|

White Copy – Supervisor
 Canary Copy –Coordinator
 Pink Copy - Parent

001-1997-ED
 REV: 02/2019
 GS7-ITEM #82