



Student Registration

Date: \_\_\_\_\_

**CHECK ONE**

\_\_\_\_\_ **Plantersville Summer Academy**

\_\_\_\_\_ **Plantersville Enrichment Academy**

**Last Name**

**First Name**

**M.I.**

\_\_\_\_\_

Grade: \_\_\_\_\_ (for 2017-18 school term)

Age: \_\_\_\_\_

School attended during 2016-17 school term \_\_\_\_\_

IEP Submitted:            Yes            \_\_\_\_\_            No            \_\_\_\_\_

T-Shirt Size (Check One)    \_\_\_YS\_\_\_YM\_\_\_YL\_\_\_S\_\_\_M\_\_\_L\_\_\_XL\_\_\_XXL

One T-shirt provided; additional T-shirt available for \$6.00, list the number of extra shirts \_\_\_\_\_

Parent/Guardian: Name \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Adress: \_\_\_\_\_

**Emergency Contact 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**Emergency Contact 2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**Physician and Medical Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance /Health Coverage(Company) \_\_\_\_\_

List current medications: \_\_\_\_\_

List medication allergies \_\_\_\_\_

List food allergies: \_\_\_\_\_

List chronic health concerns: \_\_\_\_\_

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### Consent and Releases

**General Parental/Guardian Consent:** As Parent/Guardian I/WE hereby affirm that the student is in good health and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved by program staff. Furthermore, I have no knowledge of any reason the student cannot participate in vigorous physical activity.

I/We expressively agree to be responsible for any medical bills incurred in the treatment of any illness or accident. In the event of any such accident or injury, I /We hereby consent to allowing any of the program supervisors to procure any medical treatment deemed advisable on behalf of your child or ward without prior consent.

I/WE understand that, as a condition of admittance as program participant, I/We, on behalf of all parents and guardians, and on behalf of the student, hereby release The Village Group and its affiliated programs, and all other employees or agents of The Village Group from any and all liability from injury or illness, mental or physical, suffered by the program participant during or related to the program, unless caused by a willful act or gross negligence by the person or entity against whom the claim is made

**Medical Release:** As Parent/Guardian I/We hereby give permission The Village Group staff/volunteer to proceed with emergency treatment in the event of accidental injury or illness provided of the immediate family or listed emergency contacts cannot be reached.

**PHOTO RELEASE:** I further authorize The Village Group, its affiliates, its successors or assigns, the right to take photographs for marketing and other purposes, as it deems appropriate.

**FERPA RELEASE:** In accordance with the Family Education Rights and Privacy Act (FERPA), I give my permission for my child's school/teacher to share academic information (SC Ready, MAP, Reading Level, and/or Benchmark Tests) regarding my child with the After School Enrichment Program that I have chosen for the sole purpose of assisting my child with his/her academic development.

Student Name: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>
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Registration \_\_\_\_\_ Tuition \_\_\_\_\_ BBCamp \_\_\_\_\_ SWIM Camp \_\_\_\_\_

Payment Method \_\_\_\_\_ Staff Signature \_\_\_\_\_