

Summer School Registration Form

June 5 – June 9, 2017 Monday – Friday 8:00 – 3:00

To ensure adequate supervision, drop off and pick up times should be prompt. Thank you!

***Registration Form Due by April 28, 2017*.**

Student Name: _____ Fall 2017 Grade Level: _____

Is your child open enrolled at Ithaca? ___ No ___ Yes If Yes, what district do you live in? _____

(For State Recording Purposes Only)

Parent/Guardian Name: _____

Primary Telephone Number: _____

Secondary Telephone Number: _____

Emergency Contact Information:

Doctor's Name: _____

Location: _____

Telephone Number: _____

Allergies: _____

Medications Needed at School: _____

Relative/Neighbor/or other Emergency Contact:

Name: _____ Telephone Number: _____

Relationship to Child: _____

Person Picking Child Up Each Day: (This person MUST enter the school daily and check out the child with supervising staff):

Name: _____ Telephone Number: _____

Relationship to Child: _____

***ALL SCHOOL RULES APPLY DURING CAMP BULLDOG. FAILURE TO FOLLOW SCHOOL RULES MAY RESULT IN DISMISSAL FROM THE PROGRAM.**

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____