

Summer Robot Camp SY14-15
21st Century Community Learning Center
Student Registration/ Parent Permission

STUDENT INFORMATION for **TSE BIT AI MIDDLE SCHOOL**

Date: _____

Name of Student: _____ ID # _____ Date of Birth _____

Grade Level: _____ School of Attendance: **TBA**

Method of Transportation: Bus (>1 mile radius) Pick Up Walker (<1 mile radius)

PARENT /GUARDIAN INFORMATION

1) Parent Guardian: _____ Home Address: _____

Home Phone: _____ Cell Phone _____ Work Phone _____

2) Parent Guardian: _____ Home Address: _____

Home Phone: _____ Cell Phone _____ Work Phone _____

Bus Location Pick Up: _____

EMERGENCY CONTACTS

If the parents/guardians cannot be reached, the school will call the people listed below. The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; 3) have the authority to speak on behalf of the parents or legal guardians.

Name: _____ Phone Number _____

Name: _____ Phone Number: _____

HEALTH INFORMATION

If permission is granted, please provide the following medical information or if your child does not have any of the health conditions listed below, please write "none".

Medication/s being taken by student: _____

Allergies to foods, drinks, insect bites, medications, other: _____

Other medical information: _____

I give permission for my student to participate in the Summer Robot Camp CCSD 21st Century Community Learning Program.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____