STUDENT INFORMATION FORM

6th GRADE CUB CAMP–LEFLER MIDDLE SCHOOL

REGISTRATION DEADLINE: **MAY 1ST, 2017**

CONTACT INFORMATION:
EMMARY GRIEGER
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(402) 436-1565

STUDENT INFORMATION

FIRST AND LAST NAME:_____

CAMP INFORMATION

CUB CAMP SESSION:
(PLEASE SELECT ONE)

❑ **SESSION 1–MORNING SESSION:**
July 25-29TH 8:30am-11:30am
Fee: $10.00 (Breakfast and Lunch Provided)

❑ **SESSION 2–AFTERNOON SESSION:**
July 25-29TH 12:00pm-3:00pm
Fee: $10.00 (Lunch Provided)

T-SHIRT SIZE: Youth Sizes: ❑ YS ❑YM ❑YL ❑YXL Adult Sizes: ❑AS ❑AM ❑AL ❑AXL ❑AXXL

DISMISSAL PLAN: ❑ Walk or Ride Bike ❑ Picked Up By Authorized Adult

DEMOGRAPHIC INFORMATION

ELEMENTARY SCHOOL: _____ **DATE OF BIRTH:** _____ **GENDER:** ❑ Male ❑ Female

ETHNICITY:

- ❑ Native American
- ❑ Asian American
- ❑ African American
- ❑ Hispanic/Latino American
- ❑ Other:_____
- ❑ Euro American
- ❑ Hawaiian/Pacific Islander America
- ❑ Middle Eastern American
- ❑ Multi/Bi Ethnicity American

OTHER QUESTIONS:

- ❑ My child qualifies for free or reduced lunch
- ❑ My child is an English Language Learner
  Native Language_____
- ❑ My child receives special education services during the school day.

FAMILY INFORMATION

PARENTAL STATUS: ❑ Single ❑ Married ❑ Widowed ❑ Divorced ❑ Separated ❑ Re-married

CUSTODIAL & LEGAL GUARDIAN IS: ❑ Both Mother & Father ❑ Mother ❑ Father ❑ Other:_____

MOTHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME:_____
E-MAIL ADDRESS:_____
CELL PHONE:_____
WORK PHONE:_____
HOME ADDRESS:_____
CITY:_____STATE:____ZIP:_____

FATHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME:_____
E-MAIL ADDRESS:_____
CELL PHONE:_____
WORK PHONE:_____
HOME ADDRESS:_____
CITY:_____STATE:____ZIP:_____

EMERGENCY CONTACTS AND INFORMATION

EMERGENCY CONTACTS IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED:

NAME:_____
RELATIONSHIP TO CHILD:_____
HOME/CELL PHONE:_____
WORK PHONE:_____

NAME:_____
RELATIONSHIP TO CHILD:_____
HOME/CELL PHONE:_____
WORK PHONE:_____

MEDICAL INFORMATION/SPECIAL REQUESTS (IMPORTANT & REQUIRED): List any medical conditions, allergies to food/medications, special diets or any conditions that may affect your child's health while in the program, include any medications your child is taking or please indicate N/A if not applicable:

_____

_____

CHILD'S PHYSICIAN: _____ PHONE: _____

PLEASE TURN OVER TO COMPLETE THIS FORM!

PERMISSION FORM

☐ YES ☐ NO I give staff permission to use photographs, writings, artwork, TV appearances, etc. for the promotional materials, presentations and documentary purposes.

☐ YES ☐ NO I give permission for the CLC lead agency to arrange for emergency treatment and to contact our family health care provider if guardian is unable to be reached and it is necessary to preserve the health of my child(ren) until such time then I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.

By signing below I give permission for my child to participate in program activities. I understand that the CLC does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules or for failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information.

_____ _____

SIGNATURE OF PARENT AND/OR GUARDIAN DATE

FOR OFFICE USE ONLY:
DATE RECEIVED: _____
PAYMENT AMT.: _____
❑CASH ❑ CHECK #_____ ❑ CUB