

Summer PALS Registration Form

**A separate registration form must be filled out for each student.*

Student Full Name: _____ Grade: _____ School: _____

Address: _____ Phone: _____

Parent/Guardian Name: _____ Email Address: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Email Address: _____

Work Phone: _____ Cell Phone: _____

Admission Date: _____ Student's Shirt Size: _____

<i>**Please mark each week that your student will be attending Summer PALS**</i> <i>(We will not have Summer PALS on 5/28 or 7/4)</i> <i>**Rate of Pay: \$105 per student**</i> <i>(\$84 per student for weeks 5/29-6/1 & 7/2-7/6)</i>	May 29 th -June 1 st		July 2 nd -July 6 th	
	June 4 th -June 8 th		July 9 th -July 13 th	
	June 11 th -June 15 th		July 16 th -July 20 th	
	June 18 th -June 22 nd		July 23 rd -July 27 th	
	June 25 th -June 29 th		July 30 th -August 3 rd	

What days of the week would your child usually attend? _____

What time would your child be dropped off most mornings? _____

What time would your child be picked up most evenings? _____

FOR NEW BADEN KIDS: Will you use the shuttle service? _____

EMERGENCY CONTACTS – Adults authorized to pick my student from the PALS Program.

Students will not be released to anyone not listed on this form. *You must have at least 2 emergency contacts listed on this form.* Students will not be released to anyone without a picture ID.

1. Name: _____ Primary Phone: _____

Secondary Phone: _____ Relationship to Student: _____

2. Name: _____ Primary Phone: _____

Secondary Phone: _____ Relationship to Student: _____

3. Name: _____ Primary Phone: _____

Secondary Phone: _____ Relationship to Student: _____

4. Name: _____ Primary Phone: _____

Secondary Phone: _____ Relationship to Student: _____

Medical Conditions: _____ Allergies (food or medicine): _____

Doctor: _____ Phone: _____ Hospital Preference: _____

This information may be shared with medical personnel and school staff.
Emergency personnel and/or ambulance may be called if necessary.

If you or the emergency contact cannot be reached in an emergency and, in the judgment of the program authorities, immediate medical and/or hospital attention is needed, including ambulance service, do you authorize responsible school authorities to send your student to an available hospital or physician and accept fees involved?

_____ YES _____ NO

Wesclin School District requests that you read and review the PALS Handbook with your child(ren).

Completing the form signifies that you have received the PALS Handbook, and you agree to and reviewed the contents of the handbook with the child(ren) listed on the registration form.

Parent/Guardian Signature: _____ Date: _____

(Please list any special instructions or additional emergency contacts on the back of this form.)