

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: _____

<u>**Please mark each week that your student will be attending Summer PALS**</u> <i>(We will not have Summer PALS on 5/30 or 7/4)</i> <u>**Rate of Pay: \$115 per student**</u> <i>(\$92 per student for weeks 5/31 - 6/3 & 7/5 - 7/8)</i> <i>\$5.00 additional charge per child per week if dropped off at NBE before 6:30 a.m.</i>	May 31 st - June 3 rd		July 5 th - July 8 th	
	June 6 th - June 10 th		July 11 th - July 15 th	
	June 13 th - June 17 th		July 18 th - July 22 nd	
	June 20 th - June 24 th		July 25 th - July 29 th	
	June 27 th - July 1 st		August 1 st - August 5 th	

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 TRENTON ELEMENTARY 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, if 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.)