



**Hertford County Public Schools: Jump  
Start to STEM Afterschool/Summer  
Camp Programs**  
701 N. MARTIN STREET  
WINTON, NORTH CAROLINA 27986  
Phone: 252-358-1761; Fax: 252-35-4745

## Summer Camp Registration Form

SCHOOL YEAR: 2016-2017

**Sites:** TBA

**Operational Hours:** Monday-Thursday (8:00 a.m.-1:30 p.m.)/1-3 RTA

**Grades Served:** Current 2<sup>nd</sup> graders-Rising 8<sup>th</sup> graders

**Child T-Shirt Size (circle):** Youth- XS/S/M/Lg Adult- S/M/Lg/XL

### STUDENT INFORMATION

Last Name:	First Name:	Middle Initial:
Birth Date (mm/dd/yyyy):	Student ID (Lunch ID):	16-17 School Year Grade Level:
Student's Address:		Apt:
City/State:	Zip:	Home Phone Number:
Student Resides With:	Current School Enrolled:	Home Language:

### PARENT/GUARDIAN INFORMATION

(CIRCLE ONE) Mother Father Guardian		(CIRCLE ONE) Mother Father Guardian	
Parent Name:	English Speaker: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Name:	English Speaker: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Address ( <input type="checkbox"/> check if same as Student)		Parent Address ( <input type="checkbox"/> check if same as Student)	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Email Address:		Email Address:	

### TRANSPORTATION INFORMATION

Circle One & Check : <u>Car Rider</u> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> both <input type="checkbox"/> <u>Bus</u> : a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> both <input type="checkbox"/>	
Pick-Up (Adult Responsible):	Phone:
Drop-Off (Adult Responsible):	Phone:

### EMERGENCY CONTACTS (In case parent/guardian cannot be reached):

<u>Contact #1:</u>	<u>Contact #2:</u>
Phone #	Phone #
Relationship:	Relationship:

### HEALTH INFORMATION

This information may be shared with appropriate school or emergency personnel for your child's health and safety.

Please list all Allergies, Medical Concerns. Medications (attach additional information if needed):

Doctor:	Phone Number:
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**FIELD TRIPS:**

I give permission for my child to attend educational field trips as a part of the camp program. I understand that I will be informed of the field trips scheduled in advance of the trip and can opt out at anytime.

\_\_\_\_\_  
Initials

**AUTHORIZATION OF TREATMENT:**

I authorize the staff of Hertford County Public Schools to provide basic first aid or to call additional medical care on my child's behalf in the event of an emergency, if I cannot be reached, or when delay would be dangerous to my child's health. Further, I understand I must complete any required paperwork regarding my child's medication. Lastly, I release Hertford County Public Schools and its staff from any liability connected with my child's participation in Summer Programs.

\_\_\_\_\_  
Initials

**PHOTO RELEASE:**

I hereby give permission for my child's pictures to be used by Hertford County Public Schools and in press releases, websites, and other publications.

\_\_\_\_\_  
Initials

**INTERNET USAGE:**

I hereby give my permission for my child to use the internet, email, and other technologies from Hertford County Public Schools and my child will adhere to all of the rules, regulations, and policies related to the internet, technology, and social media.

\_\_\_\_\_  
Initials

**DISCIPLINE:**

Summer camp is meant to be a fun, educational and recreational experience. For the benefit and safety of all campers, it is important that students behave appropriately during the camp. *Therefore, all students participating in the Jump Start to STEM Summer Camp must adhere to Hertford County Public Schools Student Code of Conduct.* Any disciplinary actions taken will follow the outlined procedures to include expulsion from the program.

\_\_\_\_\_  
Initials

Note: By initialing and signing, I have read and agree to each statement above.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

21<sup>st</sup> CCLC

