

Maryville Summer Journey™ 2019 K-8 Enrollment Form

I. Student Information - (please print)

Please use student's legal name and current year school information

Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

Current Grade Level: _____

Student Address (include physical address if using P.O. Box for mail):

City: _____ State: _____ Zip: _____

Parent/ Guardian: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Non-Resident Parent (if applicable): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Emergency Contact: _____

Phone: _____ Cell Phone: _____

Ethnicity: (circle one) Asian/Pacific Islander American Indian
Black Caucasian Hispanic

Gender: (circle one) Male Female

Birth Date: _____

Current School: _____

Homeroom Teacher: _____

II. Transportation

Morning Arrival Plan

What is your child's arrival plan?

Bus ___ Walk ___ Attend GO (before-school program) * ___

Dropped off by parent/guardian: _____

Transportation Address (if arriving by bus & different from above): _____

Afternoon Dismissal Plan

What is your child's dismissal plan?

Bus home: _____

Bus to (address) _____

Walk home: _____

Walk to (address) _____

Picked up by parent/guardian: _____

Anyone else w/ permission to pick up your child: _____

Attend GO (after-school program)* _____

*To attend before or after-school GO, fees must be paid prior to attendance.

Don't Delay— Enroll NOW in this FREE program!

III. Health Information

Health problems or concerns: Yes ___ No ___

If yes, please describe: _____

Is your child currently taking medication at school?

Yes ___ No ___

Name of Drug(s): _____

Is your child allergic to anything? Yes ___ No ___

If yes, please identify: _____

Will your child need medication during *Summer Journey*?

Yes* ___ No ___

Name of Drug: _____

*if yes, child must have a medical form on site.

Name and phone number of physician(s):

Hospital Preference:

_____ In case of accident or serious illness, I request school personnel to contact me, alternate authorized persons, or the named physician. If it is impossible to contact me, authorized persons, or the physician, the school personnel may make emergency arrangements as necessary to care for my child. Yes ___ No ___

IV. Photo Release

I will allow any pictures taken of my child during participation in Summer Journey to be used for advertising and promotional purposes. Yes ___ No ___

Parent/ Guardian signature: _____

Date _____

V. Office Use Only

Bus # _____

Classroom Teacher: _____