

S.T.E.A.M Summer Registration Form

June 12-July 27

(No Program July 4th)

Student's Name: _____

Teacher's Name: _____ Grade: _____

Please Choose One

_____ My child **will** attend the summer program.

_____ My child **will not** attend the summer program. (You do not need to complete the rest of this form if your child will **not** attend.)

If you plan to enroll your child please choose from one of the following options:

_____ My child **will ride** the bus home daily.

_____ My child will be picked up at the school's pick-up area daily; he/she **does not** need bus transportation.

_____ My child **will walk** home from the program daily.

_____ My child **will ride his/her bicycle home** from the program daily.

Please note, any change in transportation must be submitted in writing on or before the day the change is to occur. Phone calls to change transportation will not be accepted.

Parent Signature

Date



S.T.E.A.M Summer Registration Form

STUDENT'S NAME: _____

TEACHER'S NAME: _____

GRADE: _____ CURRENT BUS #: _____

PARENT NAME (S): _____

PHYSICAL ADDRESS: _____

Emergency Contacts:

PHONE NUMBER #1: _____ (who) _____

PHONE NUMBER #2: _____ (who) _____

PHONE NUMBER #3: _____ (who) _____

Names of those who may pick-up your child (please list all that apply). Please supply phone numbers as well.

NAME:

PHONE NUMBER:

Parent Signature

Date

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