

Summer Prep Registration
BASIC INFORMATION

Student Information

Student's Name _____
Grade Child will be entering in September _____
Current School _____
School attending in September _____
Student's Mailing Address _____

Student's Date of Birth _____ Gender _____

Parent/Guardian Information

Relationship to Child _____
Name _____
Email Address _____
Telephone work _____
Telephone home _____
Telephone cell _____

Relationship to Child _____
Name _____
Telephone work _____
Telephone home _____
Telephone cell _____

Emergency Contact Information

Name _____
Telephone _____

Parent Authorization Release Form

Please indicate name, address, and telephone number of someone else that may pick up your child:

Name _____
Relationship to Child _____
Address _____

Phone Number _____



135 Prairie Avenue, Providence, RI 02905
Phone 401.521.9696 Fax 401.521.9715

TO: _____



July 6th – July 31st
8:00am – 4:30pm

ELIGIBILITY REQUIREMENTS

All children must be Free/Reduced Lunch Eligible and score 50% or above on the Star Reading Test

FOR MORE INFORMATION CONTACT

Betsy Velez at 401.521.9696 x306 or bvelez@communityprep.org

**accepted students must pay a one-time \$25 registration fee*

Schedule

The Summer Prep Program is a four-week academic enrichment camp that will take place from Monday, July 6th through Friday, July 31. The hours of operation are from 8:00 am - 4:30 pm. There is no charge for the program.

Meals

Breakfast: served daily from 8:00–8:30 am

Snack: served daily from 10:10–10:40 am

Lunch: served daily from 12:00-12:30 pm

Afternoon Snack: 4:00-4:15 pm

Release Of Children

Pickups: All children that participate in the Summer Prep must be picked up from Community Prep no later than 4:30 pm. When a parent or guardian arrives to pick up their child(ren), they must go to the designated dismissal area to officially sign out their child. Only persons listed on the Parent Authorization Release Form that have a valid state or government issued photo I.D. will be allowed to pick up a child.

Child Custody: If the parental custody of a child changes for any length of time, the custodial parent is required to inform the staff in writing. Summer Prep also requires any updated court-ordered custodial documents and/or restraining orders. These documents will be kept in strict confidence.

For Information About Summer Prep

Contact Community Prep’s main office at 401.521.9696

Summer Prep Registration

If accepted into the Summer Prep program, all families must pay a \$25 registration fee. All other aspects of the program are FREE of charge - including meals and field trips.

Student Enrollment Agreement

SECTION I: Walking Home

All children must be picked up by 4:30p.m.

please check one

- I give my child permission to walk home with the understanding that s/he will not be returning back to school grounds.
- I do not give my child permission to walk home under any circumstances.

SECTION II: Release Authorization

field trips

- I give the school permission to take the student on field trips throughout the program. These trips are part of the Summer Prep program curriculum and will take place under the direction of a teacher or staff member. I understand that they will be announced ahead of time.

Parent/Guardian Signature

Date

Photo Release

- I give the school permission to allow my child to appear in pictures, articles, videos, or other forms of publicity directly associated with the Summer Prep program.

Parent/Guardian Signature

Date

Summer Prep Registration

MEDICAL FORM

Medical Coverage Information

Medical Insurance Carrier_____

Medical Number_____

Family Physician’s Name_____

Physician’s Address_____

Physician’s Phone Number_____

Medications and/or Allergies

Is your child being treated for a medical condition?

If so please explain in the space provided below.

Is your child presently taking any medications? If so please explain in the space provided below.

Does your child have any allergies to medicines or food?

If so, please explain in the space provided below.

Permission is hereby granted to the attending physician to proceed with any medical treatment for the above-named student. In the event of an emergency, I understand that an attempt will be made by the attending physician and the program director to contact me in the most expeditious way possible. If I am unable to be contacted, the treatment necessary for the best interest of the above-named student may be given.

Parent/Guardian Signature

Date

Note: If your child is accepted into the program, please have him/her bring any medication that may be needed for treatment of a condition or allergy to school on the first day of the program.

