

Hattiesburg Public School District
Ride the Tide Summer Program
Enrollment Application
June 3-July 12, 2019

Child's Legal Name: _____ Child's Current School: _____

Home Address: _____

Date of Birth: _____ Grade: _____ Gender: _____

Parent or Legal Guardian's Name: _____

Place of Employment: _____ Work #: _____

Home #: _____ Cell #: _____

Email Address (if applicable): _____

*Please place a check mark in the appropriate box below:

_____ YES, I want my child to participate in the summer program.
_____ NO, I do NOT want my child to participate in the summer program.

*Please place a check mark in the appropriate box below:

_____ YES, my child will ride the bus and I have provided the correct home address above.
_____ NO, my child will NOT ride the bus and I will pick up and drop off my child each day at the required times 8:30 a.m. and 12:30 p.m.

Please list two additional emergency contacts below:

1. Name: _____ Contact #: _____

2. Name: _____ Contact #: _____

Approved Pick-Up: Please list the names and phone numbers of all individuals who may pick-up your child in the event you are unable to:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Does your child have any allergies? _____ Yes _____ No

If yes, please list what they are:

Parent Signature: X _____ Date: _____