



PLEASANTON INDEPENDENT SCHOOL DISTRICT

SUMMER STEM CAMP REGISTRATION

Student Name: _____

Male Female Date of Birth: _____ Grade Attending in the 19-20 School Year: _____

Address: _____, TX Zip Code: _____

*** Emergency Contacts ***

Parent/Guardian	Relationship	Phone Numbers
_____	_____	_____
_____	_____	_____

*** Alternate Contacts ***

Name	Relationship	Phone Numbers
_____	_____	_____
_____	_____	_____

(Alternates will be called when parents can't be reached. They are the only ones allowed to pick up your child if you cannot.)

*** Medical History ***

Asthma Diabetes Seizures Other _____

Current medications: _____ Restrictions: _____

Allergic to: _____ Treatment Required: _____

Glasses/Contacts Hearing Problems Wheelchair/Walker Prosthesis/Braces

Other medical conditions or concerns explain: _____

Physicians Name: _____ Phone: _____

It is important that the above information is kept current. Call to update as changes occur. This information will be used by school personnel or medical personnel as needed. I certify that the information given above is true and correct. I authorize officials of the Pleasanton Independent School District to contact the person(s) and/or physician named above as may be necessary. In the event that I or the other person(s) named above cannot be contacted I hereby give permission for officials of PISD to manage, as deemed necessary in their judgment for the health of my child, any emergency treatment in a manner consistent with the district policy, such emergency may include treatment by a school official, transportation to a hospital, emergency room, or other appropriate facility. I understand that I will assume financial responsibility and will not hold PISD and its employees responsible for the emergency care and transportation of my child. I have received a copy of the Pleasanton ISD Doctor's Standing Orders.

Parent Signature: _____ Date: _____

It is the policy of the Pleasanton Independent School District not to discriminate on the basis of sex, handicap, race, color, age, or national origin and to take steps to assure that the lack of English language skills will not be a barrier in its educational and career and technology programs, services, activities or employment as required by Title IX, Section 504 and Title VI

Transportation Plan and Authorization

Camper Name _____
Last First Middle Initial

My child will **arrive** to the program by:

- Supervised Walk by who _____
- Parent Drop Off
- Other (describe) _____

My child will **depart** from the program by:

- Supervised Walk by who _____
- Parent Pick Up
- Other (describe) _____

Children will only be released from camp to individuals listed in the emergency contact's section of the prior page.

Parent/Guardian Contract for Summer STEM Camp

By signing this contract, I agree to terms below:

- Each **Summer STEM Camp** is a week-long camp on Monday-Thursday (no Friday attendance). Camp tuition cost is \$30 per student per week-long camp session. Tuition costs will cover all supplies needed to participate in the camp. I understand that camp tuition is due **at time of registration** and that my child will not be permitted to stay at camp if payment was not been received.
- I understand that payments are based on a flat fee and will **NOT** be pro-rated for days not attended.
- My child has permission to participate in the activities of the camp he/she registered and I waive all claims for injury, damage, or loss to person or property.
- I understand my child must be able to appropriately participate in all Summer STEM Camp activities. Administration reserves the right to dismiss any participant for continual behavior issues consistent with the behavior management policy in the 2018-2019 Student Handbook.
- Photographs or video recordings may be taken during Camp for use by Pleasanton ISD. I give permission for my child's image to be used in any and all media.
- I will make the appropriate transportation arrangements for my child and understand that all campers must be picked up according to the camp schedule.

Refund Policy

Cancellations are accepted up to one week prior to start of camp. Cancellations made less than one week notice are not entitled to refunds.

Parent/Guardian Signature: _____ Date: _____

Please complete the attached registration form. Credit card payments will be accepted online or by cash, check or money order. Check or money order should be remitted to **Pleasanton ISD** and indicate **SLC – Child's Name** in the check memo.

Registration form and payment is due by Thursday, May 30, 2019.