

**Summer Reading Program/Summer Recreation Program Application**

**July-August 2019**

Child's Full Name: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

EMERGENCY CONTACTS	
Name	Phone

**EMERGENCY MEDICAL INFORMATION-Allergies and/or Special Needs**

Please list any allergies to foods, bees, etc. and/or any special needs

Allergy or Special Need	Reaction	Action To Be Taken

In the event of a medical emergency, the site Coordinator should call:

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that I or my child's physician cannot be reached in an emergency, I hereby give my permission to the physician/hospital selected by the district to secure proper medical treatment for my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TRANSPORTATION PLAN (PLEASE CHECK ONE)**

**My child will be dropped off and picked up from:**

**J-T Elementary School** \_\_\_\_\_ **J-T High School** \_\_\_\_\_

**Transported to and from C-G Elementary by a parent** \_\_\_\_\_

**Please Note:** Any change in the above dismissal plan on a daily, weekly or permanent basis **MUST** be given to the Site Coordinators **ASAP IN WRITING** by the parent/guardian.

**PARENT/GUARDIAN MEMO OF UNDERSTANDING:**

I will fulfill my responsibilities to provide current and accurate emergency information. I will encourage my child to participate fully and with appropriate behavior in activities and events planned. I understand that failure to fulfill these requirements may result in my child becoming ineligible to remain in the program. I understand that the purpose of this program is to improve my child's academic performance. I agree that the Jasper-Troupsburg Central School is not responsible for any expenses incurred due to injury or illness.

Parent/Guardian Signature: \_\_\_\_\_

**STUDENT MEMO OF UNDERSTANDING:**

I UNDERSTAND THAT I AM EXPECTED TO LEARN AND FOLLOW THE PROGRAM RULES. In the event that I choose not to follow the rules, I may have to leave the program. **RULES TO REMEMBER:** 1) Respect yourself  
 2) Show respect for adults and others 3) Respect school property 4) Follow the rules of conduct 5) Follow the bus rules  
 6) Have fun.

Student Signature: \_\_\_\_\_