

## **2022 Summer Registration Instructions**

- 1) **Download** the **Registration Packet** to your computer.
- 2) Documents can be filled out on your computer. Typing your name on signature lines will be accepted same as a handwritten signature.
- 3) When you have completed filling out the forms, **save them** to your computer.
- 4) Email the forms to: [michele@learnresourcecenter.org](mailto:michele@learnresourcecenter.org).
- 5) To **complete the registration process**, you will need to:
  - a) Turn in or electronically submit all registration forms.
  - b) Pay the total registration fees owed for the number of weeks attending.
- 6) Payments will be accepted at our office or online by using our "Summer Payment" button on our website at: [learnresourcecenter.org](https://www.learnresourcecenter.org)
- 7) You will receive an email confirming enrollment once registration is completed.



# Summer LEARN 2022 Registration Form

<b>OFFICE ONLY</b>	
Date Registration Fees Paid: _____	
Amount Paid _____	
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check	
<input type="checkbox"/> Online	
Staff Initials _____	

**\*\*PLEASE PRINT LEGIBLY\*\***

<p><b>Child #1</b></p> <p>Last Name _____</p> <p>First Name _____</p> <p>Street Address _____</p> <p>City _____ Zip _____</p> <p>Birthdate ____/____/____ Gender <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ Entering '22-'23 grade _____</p> <p>School attended _____</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Yes, Hispanic or Latino</p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p><b>Race: Please check one or more</b></p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> American Indian or Native Alaskan</p> <p><input type="checkbox"/> Other Race _____</p> <p>Shirt Size: Youth: <input type="checkbox"/>XS <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L</p> <p>Adult: <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L <input type="checkbox"/>XL</p>	<p><b>Child #2</b></p> <p>Last Name _____</p> <p>First Name _____</p> <p>Street Address _____</p> <p>City _____ Zip _____</p> <p>Birthdate ____/____/____ Gender <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ Entering '22-'23 grade _____</p> <p>School attended _____</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Yes, Hispanic or Latino</p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p><b>Race: Please check one or more</b></p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> American Indian or Native Alaskan</p> <p><input type="checkbox"/> Other Race _____</p> <p>Shirt Size: Youth: <input type="checkbox"/>XS <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L</p> <p>Adult: <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L <input type="checkbox"/>XL</p>
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Child lives with:  Mother only  Father only  Both Parents  Parent & Step-parent  
 Legal Guardian  Other \_\_\_\_\_

Please check all that apply:  Free School Lunch/Textbooks  Reduced School Lunch/Textbooks  
 Food Stamps

Parent/Guardian #1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACTS** (List two local people who can be reached during program hours if a parent/guardian is not available).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Optional** In addition to the above names listed, the following people have permission to pick up my child(ren):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Is there anyone to whom your child SHOULD NOT be released? \_\_\_\_\_

Is there a custody agreement in place?  YES  NO

**Paperwork must be on file.**

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**INSURANCE/MEDICAL INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Are there any special needs to consider?** If so, a special needs **INTAKE FORM** is required with registration.

**Child's Name:** \_\_\_\_\_

- Allergies  Asthma  ADD or ADHD  Autism  Diabetes  Epilepsy  Hearing/Visually Impaired  Learning Disabilities  
 Physical Disabilities  Behavior Management Plan  IEP (Individual Education Plan)  Other: \_\_\_\_\_

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**Medications:** We prefer not to give any medication to children. Under very limited circumstances we will administer medication prescribed by a physician. Parents/guardians **must** provide a physician signed permission form **before** staff may administer any medication. A physician and parent medical permission forms, as well as the pharmacy label directions must match up. Please don't send medications with your child. Medications should be given directly to the Program or Site Director. Medication release forms are available at **LEARN Resource Center**.

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I certify that I am the parent/legal guardian of this child(ren) and that I have authority to make the representations and grant the authorizations contained herein. I have read and fully understand the terms and conditions of participation in the Summer LEARN Program.

I acknowledge that I have received a hard copy of the Parent Handbook and agree to adhere to LEARN policies and procedures outlined in the Parent Handbook.

I agree to pay program fees promptly. If payment is not received by Friday at 12 PM, I will be notified that my child may not attend the next week's program until payment is received.

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Parent's Signature

Date

**PAY ONLINE @ [www.learnresourcecenter.org](http://www.learnresourcecenter.org) --OR--  
RETURN FORM WITH CHECK/MONEYORDER PAYABLE TO:  
LEARN Resource Center  
610 Professional Park Drive  
New Haven, IN 46774  
(260) 749-9516**



## LEARN Summer 2022 Program Consent Form

Child #1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Child #2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Child #3 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### Emergency Medical Release

In case of a serious accident/injury/illness, I hereby authorize LEARN Resource Center staff to call "911" BEFORE notifying me or my physician. If an ambulance is necessary, I understand that LEARN Resource Center will not be held responsible for any costs this action may incur.

Child's Doctor \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

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### Photo Release

I give LEARN Resource Center permission to publish in print, electronic, or video format the likeness or image of my child(ren). I release all claims against LEARN Resource Center with respect to copyright ownership and publication including any claim for compensation related to the use of the materials in publicity, illustration, advertising, and Web content.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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### Consent to Share Educational Records and Information

I authorize East Allen County School Corporation and LEARN Resource Center and partner agencies to exchange information related to my child. This information includes, but is not limited to:

- Permission to interact with your child's teacher on a regular basis.
- Access to attendance, class work/homework and report card grades.
- Access to test scores (i.e., Acquity, MClass, DIBELS, I-READ, I-STEP)

All information will be kept confidential by the receiving organization or agency. The information exchanged will be used to meet grant requirements. I understand the personal records are protected by various federal and state laws and cannot be disclosed without this, my written consent, unless otherwise authorized.

I have read and fully understand the above statements.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## 2022 PROGRAM FEES & ATTENDANCE DAYS

Program Rate	Full-Time 3-5 days	Part-Time 1-2 days
1 child	\$145	\$70
2 children	\$225	\$100
3 children	\$275	\$140

We understand that families will take vacation time during the summer months and that children may participate in other summer programs. In order for LEARN to know how many children will attend each week of our program, we have changed how children will be registered for the Summer LEARN Program.

Starting this summer, you will register your child(ren) by the week. There is a \$10 family registration fee per week. Please use the calendar below to mark the weeks/days your child(ren) will be attending program. Registration fees are due at time of registration. Registration fees will only be reimbursed with 2-week prior notice.

JUNE					
<b>Week 1:</b> Summer Kickoff Carnival	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
<b>Week 2:</b> CSI & Spies	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>
<b>Week 3:</b> Superheroes Week	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>
<b>Week 4:</b> Dragons, Knights, Kings & Queens	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	7/1 <input type="checkbox"/>
JULY					
<b>Week 5:</b> Shark Week		5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>Week 6:</b> African Safari	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>
<b>Week 7:</b> Disney/Pixar	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>
<b>Week 8:</b> LEARN Olympics	25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>