



### **Summer LEARN 2025 Registration Instructions- Electronic Submission**

- 1) You will need to **download** the registration packet to your **COMPUTER**  
*(Forms cannot be filled out on cellphones.)*
- 2) Complete all documents included in this packet. Do not forget to select the weeks you are signing up your child! Save completed documents to your computer.
- 3) Email the **completed registration forms** to: [michele@learnresourcecenter.org](mailto:michele@learnresourcecenter.org).
- 4) You will also need to email your child's **current immunization record** if you did not provide it to LEARN during the 2024-2025 school year.
- 5) Next, you will need to go to our website, [www.learnresourcecenter.org](http://www.learnresourcecenter.org), and select the "Donate" button on the upper right side of the page. This is where you will pay the \$50 family registration fee.
- 6) If your child has any special needs, you will be emailed any Plan of Care forms that will need to be completed and returned to LEARN.
- 7) You will receive an email confirming enrollment once your child's registration is fully processed.

### **Registration Instructions-Hard Copy Submission**

- 1) Print off the registration packet from our website.
- 2) Complete all forms and mail your packet to our office at  
LEARN Resource Center, 610 Professional Park Drive, New Haven, IN 46774
- 3) See 4-7 above.



# Summer LEARN 2025 Registration Form

<b>OFFICE ONLY</b>	
Date Deposit 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 '25-'26 grade _____</p> <p>School attending _____</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 style="padding-left: 40px;">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 '25-'26 grade _____</p> <p>School attending _____</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 style="padding-left: 40px;">Adult: <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L <input type="checkbox"/>XL</p>
--	--

**Child lives with:**  Mother only  Father only  Both Parents  Parent & Step-parent  
 Legal Guardian  Other \_\_\_\_\_

**Please check all that apply:**  Free School Textbook Fees  Reduced School Textbooks Fees  
 SNAPS/Food Stamps  Energy Assistance  Hoosier Healthwise  TANF (Cash Assistance)

**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 *If yes, paperwork must be on file with LEARN*

---

**INSURANCE/MEDICAL INSURANCE INFORMATION**

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

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

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

---

**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: \_\_\_\_\_

---

**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 prescription medication. Please don't send medications with your child. Medications should be given directly to the Program or Site Director. Medication release forms are available by contacting **LEARN Resource Center at 749-9516.***

---

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 access to the Summer LEARN Parent Handbook on the agency's website (learnresourcecenter.org) and agree to adhere to LEARN policies and procedures outlined in the Parent Handbook.

---

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**



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 ask that you indicate which weeks your child(ren) will be attending Summer LEARN.

Please use the calendar below to mark either attending the “Full Week” or the days for each program week your child(ren) will be attending program. You will be invoiced for the total deposit owed.

-[

MAY 27 – AUGUST 1						
Full Week <input type="checkbox"/>	<b>Week 1:</b> A Colorful Summer	CLOSED	5/27 <input type="checkbox"/>	5/28 <input type="checkbox"/>	5/29 <input type="checkbox"/>	5/30 <input type="checkbox"/>
<input type="checkbox"/>	<b>Week 2:</b> Nature Explorers	6/2 <input type="checkbox"/>	6/3 <input type="checkbox"/>	6/4 <input type="checkbox"/>	6/5 <input type="checkbox"/>	6/6 <input type="checkbox"/>
<input type="checkbox"/>	<b>Week 3:</b> Plains, Trains and Automobiles	6/9 <input type="checkbox"/>	6/10 <input type="checkbox"/>	6/11 <input type="checkbox"/>	6/12 <input type="checkbox"/>	6/13 <input type="checkbox"/>
<input type="checkbox"/>	<b>Week 4:</b> Heroes in Training	6/16 <input type="checkbox"/>	6/17 <input type="checkbox"/>	6/18 <input type="checkbox"/>	6/19 <input type="checkbox"/>	6/20 <input type="checkbox"/>
<input type="checkbox"/>	<b>Week 5:</b> Space Odyssey	6/23 <input type="checkbox"/>	6/24 <input type="checkbox"/>	6/25 <input type="checkbox"/>	6/26 <input type="checkbox"/>	6/27 <input type="checkbox"/>
<input type="checkbox"/>	<b>Week 6:</b> Surf & Sand Week	6/30 <input type="checkbox"/>	7/1 <input type="checkbox"/>	7/2 <input type="checkbox"/>	7/3 <input type="checkbox"/>	7/4 CLOSED
<input type="checkbox"/>	<b>Week 7:</b> Jurassic Jungle Adventure	7/7 <input type="checkbox"/>	7/8 <input type="checkbox"/>	7/9 <input type="checkbox"/>	7/10 <input type="checkbox"/>	7/11 <input type="checkbox"/>
<input type="checkbox"/>	<b>Week 8:</b> Mystery Week	7/14 <input type="checkbox"/>	7/15 <input type="checkbox"/>	7/16 <input type="checkbox"/>	7/17 <input type="checkbox"/>	7/18 <input type="checkbox"/>
<input type="checkbox"/>	<b>Week 9:</b> Spooktacular Holloweek	7/21 <input type="checkbox"/>	7/22 <input type="checkbox"/>	7/23 <input type="checkbox"/>	7/24 <input type="checkbox"/>	7/25 <input type="checkbox"/>
<input type="checkbox"/>	<b>Week 10:</b> Carnival Camp	7/28 <input type="checkbox"/>	7/29 <input type="checkbox"/>	7/30 <input type="checkbox"/>	7/31 <input type="checkbox"/>	8/1 <input type="checkbox"/>



## Summer LEARN 2025 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 \_\_\_\_\_

---

### Photo Release

I, \_\_\_\_\_, parent of \_\_\_\_\_, (check one)  
grant \_\_\_\_\_ / do not grant \_\_\_\_\_ 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**

---

### Consent to Share Educational Records and Information

I authorize East Allen County Schools to release the following information related to my child. This information includes:

- Report card grades.
- Test scores (i.e., DIBELS, I-READ, I-LEARN)

All information will be kept confidential by the LEARN Resource Center. The information provided will be used to meet grant reporting 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**



## LEARN Resource Center DISCIPLINE/GUIDANCE POLICY

Dear Parent/Guardian:

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your child(ren), we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, LEARN staff will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, LEARN staff will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, LEARN staff will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

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

\_\_\_\_\_  
**Date of Birth**

Additional techniques to be used with my child:

---

---

---

---

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_