



Summer LEARN 2023 Registration Form

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

****PLEASE PRINT LEGIBLY****

<p>Child #1</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 '23-'24 grade _____</p> <p>School attending _____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Yes, Hispanic or Latino</p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p>Race: Please check one or more</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>Child #2</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 '23-'24 grade _____</p> <p>School attending _____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Yes, Hispanic or Latino</p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p>Race: Please check one or more</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>
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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 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

Paperwork must be on file.

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 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**.

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 --OR--
RETURN FORM WITH CHECK/MONEYORDER PAYABLE TO:
LEARN Resource Center
610 Professional Park Drive
New Haven, IN 46774
(260) 749-9516**