



Monroeville Summer LEARN 2025

****PLEASE PRINT LEGIBLY****

Child #1	Child #2
Last Name _____	Last Name _____
First Name _____	First Name _____
Street Address _____	Street Address _____
City _____ Zip _____	City _____ Zip _____
Birthdate ____/____/____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ Gender <input type="checkbox"/> M <input type="checkbox"/> F
Age _____ Entering grade '25-'26 _____	Age _____ Entering grade '25-'26 _____
School attended _____	School attended _____
Ethnicity: <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino
Race: <i>Please check one or more</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Other Race _____	Race: <i>Please check one or more</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Other Race _____

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
 SNAP/FoodStamps 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.

- 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.

Parent's Signature

Date

RETURN FORM TO: michele@learnresourcecenter.org

LEARN Resource Center
610 Professional Park Drive
New Haven, IN 46774
(260) 749-9516



Monroeville Summer LEARN 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 _____

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

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