



Summer LEARN 2026 Registration Instructions- Electronic Submission

- 1) You will need to **download** the registration packet to your **COMPUTER**
(Forms will not fill out correctly on cellphones.)
- 2) Complete all documents included in the registration 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: nhsummer@learnresourcecenter.org.
- 4) Next, you will need to go to our website, www.learnresourcecenter.org, and select the "Donate" button in the upper right side of the page. This is where you will pay the \$50 family registration fee.
- 5) 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.
- 6) You will receive an email confirming if all necessary paper work has been received. If so, then your child's enrollment will be confirmed. If additional paperwork is needed, you will receive an email requesting additional information.

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 2026 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 TYPE or 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 '26-'27 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 '26-'27 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 *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 --OR--
RETURN FORM WITH CHECK/MONEYORDER PAYABLE TO:
LEARN Resource Center
610 Professional Park Drive
New Haven, IN 46774
(260) 749-9516**



Summer LEARN 2026 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 Schools to release the following information related to my child. This information includes:

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

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



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.

MAY 26 – JULY 31						
Full Week <input type="checkbox"/>	Week 1: Aloha Summer!	CLOSED	5/26 <input type="checkbox"/>	5/27 <input type="checkbox"/>	5/28 <input type="checkbox"/>	5/29
<input type="checkbox"/>	Week 2: I-Spy	6/1 <input type="checkbox"/>	6/2 <input type="checkbox"/>	6/3 <input type="checkbox"/>	6/4 <input type="checkbox"/>	6/5 <input type="checkbox"/>
<input type="checkbox"/>	Week 3: Underwater World	6/8 <input type="checkbox"/>	6/9 <input type="checkbox"/>	6/10 <input type="checkbox"/>	6/11 <input type="checkbox"/>	6/12 <input type="checkbox"/>
<input type="checkbox"/>	Week 4: Summer Solstice	6/15 <input type="checkbox"/>	6/16 <input type="checkbox"/>	6/17 <input type="checkbox"/>	6/18 <input type="checkbox"/>	6/19 <input type="checkbox"/>
<input type="checkbox"/>	Week 5: Head, Heart, Hands, Health Week	6/22 <input type="checkbox"/>	6/23 <input type="checkbox"/>	6/24 <input type="checkbox"/>	6/25 <input type="checkbox"/>	6/26 <input type="checkbox"/>
<input type="checkbox"/>	Week 6: America’s 250th	6/29 <input type="checkbox"/>	6/30 <input type="checkbox"/>	7/1 <input type="checkbox"/>	7/2 <input type="checkbox"/>	7/3 CLOSED
<input type="checkbox"/>	Week 7: Spirit Week	7/6 <input type="checkbox"/>	7/7 <input type="checkbox"/>	7/8 <input type="checkbox"/>	7/9 <input type="checkbox"/>	7/11 <input type="checkbox"/>
<input type="checkbox"/>	Week 8: B-I-N-G-O	7/13 <input type="checkbox"/>	7/14 <input type="checkbox"/>	7/15 <input type="checkbox"/>	7/16 <input type="checkbox"/>	7/17 <input type="checkbox"/>
<input type="checkbox"/>	Week 9: Space Exploration	7/20 <input type="checkbox"/>	7/21 <input type="checkbox"/>	7/22 <input type="checkbox"/>	7/23 <input type="checkbox"/>	7/24 <input type="checkbox"/>
<input type="checkbox"/>	Week 10: That’s a Wrap!	7/27 <input type="checkbox"/>	7/28 <input type="checkbox"/>	7/29 <input type="checkbox"/>	7/30 <input type="checkbox"/>	7/31 <input type="checkbox"/>