



**Registration Form**  
**2019 Elementary School Summer Enrichment**  
 July 15 - July 18 & July 22 - July 25  
 Mon - Thu 8:00 am - 2:00 pm

<b>Student Name:</b>		<b>HSD2 Student ID#:</b>
<b>School Currently Attending:</b>	<b>Current Grade for 2018-2019:</b>	
<b>Home Address:</b>		<b>Zip Code:</b>
Parent/Guardian Name(s) #1:		
Parent/Guardian Name(s) #2:		
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Other Phone:</b>	<b>Email Address:</b>	
<b>Emergency Contact:</b> Please list individuals below who will be permitted to pick the student up from summer school. Name of Contact #1: _____ Phone Numbers: _____ Name of Contact #2: _____ Phone Numbers: _____ Name of Contact #3: _____ Phone Numbers: _____		
<b>Transportation Information:</b>  A bus will be provided from each elementary school to the Enrichment Summer Program site.  My child will: <input type="checkbox"/> Ride the Bus <input type="checkbox"/> Walk <input type="checkbox"/> Be picked up by a parent		

**School use only:**



SCHOOL DISTRICT TWO  
**HARRISON**  
Character Through Diversity, Challenge & Accomplishment

## **Enrichment Summer Program Sites**

Elementary Summer Enrichment will be held at **Monterey Elementary School** for students from these schools:

Bricker Elementary  
Centennial Elementary  
Giberson Elementary  
Monterey Elementary  
Pikes Peak Elementary  
Sand Creek Elementary  
Soaring Eagles Elementary  
Turman Elementary  
Wildflower Elementary

Elementary Summer Enrichment will be held at **Stratton Meadows Elementary School** for students from these schools:

Mountain Vista Community School (elementary grades)  
Oak Creek Elementary  
Otero Elementary  
Stratmoor Hills Elementary  
Stratton Meadows Elementary



## Use of Harrison School District 2 Transportation

The privilege of riding a school bus is contingent upon the student’s good behavior in observance of the student code of conduct and established regulations for student conduct both at bus stops and on-board buses.

The driver of the school bus shall be responsible for safety of the students on the bus, both during the ride and while students are entering or leaving the vehicle. Therefore, it is the bus driver's duty to notify the supervisor of transportation if any student persists in violating the established rules of conduct.

After due warning has been given to the student and to the student’s parents/guardians, the supervisor of the transportation or principal may withhold from the student the privilege of riding the school bus. The student may also be denied admission to school, suspended or expelled, in accordance with established policies, including discipline of habitually disruptive students, for flagrant violation of school bus rider conduct regulations or conduct detrimental to the safe operation of the bus.

I give permission for my child to use school district transportation services. This permission includes daily or occasional use

YES \_\_\_\_\_ NO \_\_\_\_\_

## Summer Enrichment Expectations

I understand and agree to the following expectations of summer school:

- The deadline to return registration forms to your child’s school is **May 17, 2019**.
- Payment: **No Charge**.
- Breakfast and lunch will be available for all students attending the Summer Enrichment Program.
- Enrollment in this Summer Enrichment Program requires that student(s) attend for the full 8 days.
- Disruptive behavior will not be tolerated and will result in a referral to the office, loss of privileges, and possible removal from the Summer Enrichment Program.
- By registering my son/daughter for the Summer Enrichment Program, I agree and support my child’s attendance and active participation every day.
- My son/daughter will arrive on time and be prepared for the Summer Enrichment Program.
- My son/daughter will ride the bus home, walk or be picked up immediately after school, every day.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Summer Enrichment 2019 Medical Information

Please provide the following information below and return to your child's school with the registration form.

Student Name: \_\_\_\_\_

Major Health Concerns: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Symptoms resulting from allergic reactions: \_\_\_\_\_

Please list any medications your child is currently taking:

*Medication will not be administered by staff, but we need to know if your child is taking any medication.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have a health plan or insurance information on file with the district? YES \_\_\_ NO \_\_\_