

**Sedalia School District #200**  
**Summer Elementary Enrichment Program 2024**  
**STUDENT Application for Admission/Scheduling**  
**June 3 – June 21, 2024**  
**Monday thru Friday 8:00 am to 12:00 pm**  
**All grades held at PARKVIEW ELEMENTARY, 1901 S. New York, Sedalia**

**Elem Enrichment**  
**FOR STUDENTS**  
**ENTERING**  
**GRADES 1-6**  
**For 2024-2025**

**NO TRANSPORTATION PROVIDED**  
**TRANSFER BUS FOR BOYS N GIRLS CLUB PROVIDED AT HEBER HUNT**

**Child's Name** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Hispanic** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Race** (check one or more) \_\_\_\_\_ **American Indian or Alaska Native** \_\_\_\_\_ **Asian** \_\_\_\_\_ **Black** \_\_\_\_\_  
\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** \_\_\_\_\_ **White** \_\_\_\_\_

**Current School Attending** \_\_\_\_\_

**Home Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_ **email address** \_\_\_\_\_

**Parents'/Guardians' Names** \_\_\_\_\_

**Father's Place of Employment** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Mother's Place of Employment** \_\_\_\_\_ **Work phone** \_\_\_\_\_

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List the person to call if there is an emergency at school this summer and neither parent can be reached:

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

In case none of the above can be reached, I give permission to obtain emergency medical services for my child and I accept responsibility for all medical expenses.

Please contact our family physician first - **Doctor's Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

If hospital services are necessary, our information is: \_\_\_\_\_

(Insurance Provider & Policy #)

Special medical information regarding my child, such as medications needed during the morning hours, allergies, play restrictions, etc.: \_\_\_\_\_

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

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My child, \_\_\_\_\_, has my permission to participate in activities and be videotaped as part of any related lesson plan with the Sedalia Elementary Enrichment Program. I understand I will be notified in advance of any such activity.

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_