

**Sedalia School District #200**  
**Summer Reading Camp Program 2023**  
**STUDENT Application for Admission/Scheduling**  
**July 10 – July 28, 2023**  
**Monday thru Friday**  
**8:00 am to 12:00 pm**

<b>Reading Camp FOR STUDENTS ENTERING GRADES 1-6 For 2023-2024</b>
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**NO TRANSPORTATION PROVIDED**

**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.:  
\_\_\_\_\_  
\_\_\_\_\_

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

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