

Sedalia School District #200
Summer Reading Camp 2018
STUDENT Application for Admission/Scheduling

Reading Camp

July 5 – July 31, 2018
Monday thru Friday
8:00 a.m. to 12:00 p.m.

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** _____

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** _____