

WESCLIN Summer PALS Registration Form

**A separate registration form must be filled out for each student.*

Student Full Name: _____ Grade: _____ School: _____
 Address: _____ Birthdate: _____
 Parent/Guardian Name: _____ Email Address: _____
 Work Phone: _____ Cell Phone: _____
 Parent/Guardian Name: _____ Email Address: _____
 Work Phone: _____ Cell Phone: _____
 Admission Date: _____ Student's Shirt Size: _____

<p><u>**Please mark each week that your student will be attending Summer PALS**</u> (We will not have Summer PALS on 6/19, 7/3) **Rate of Pay: \$135 per student per week** (\$108 per student for the weeks of 6/15 and 6/29) (\$20 registration fee for first time enrollment in PALS, \$5 additional for each child)</p>	June 1 st – June 5 th	July 6 th - July 10 th	
	June 8 th – June 12 th	July 13 th – July 17 th	
	June 15 th – June 18 th	July 20 th – July 24 th	
	June 22 nd – June 26 th	July 27 th – July 31 st	
	June 29 th – July 2 nd	Aug 3 rd – Aug 7 th	

AU What days of the week would your child usually attend? _____
 What time would your child be dropped off most mornings? _____
 What time would your child be picked up most evenings? _____

EMERGENCY CONTACTS – Adults authorized to pick my student from the PALS Program.
Students will not be released to anyone not listed on this form. *You must have at least 2 emergency contacts listed on this form.* Students will not be released to anyone without a picture ID.

1. Name: _____ Primary Phone: _____
 Secondary Phone: _____ Relationship to Student: _____
 2. Name: _____ Primary Phone: _____
 Secondary Phone: _____ Relationship to Student: _____
 3. Name: _____ Primary Phone: _____
 Secondary Phone: _____ Relationship to Student: _____
 4. Name: _____ Primary Phone: _____
 Secondary Phone: _____ Relationship to Student: _____
 Medical Conditions: _____ Allergies (food or medicine): _____
 Doctor: _____ Phone: _____ Hospital Preference: _____

**This information may be shared with medical personnel and school staff.
 Emergency personnel and/or ambulance may be called if necessary.**

If you or the emergency contact cannot be reached in an emergency and, if in the judgment of the program authorities, immediate medical and/or hospital attention is needed, including ambulance service, do you authorize responsible school authorities to send your student to an available hospital or physician and accept fees involved?
 _____ YES _____ NO

Wesclin School District requests that you read and review the PALS Handbook with your child(ren). Completing the form signifies that you have received the PALS Handbook, and you agree to and reviewed the contents of the handbook with the child(ren) listed on the registration form.

Parent/Guardian Signature: _____ Date: _____

(Please list any special instructions or additional emergency contacts on the back of this form.)