

# Summer PALS Registration Form

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

Student Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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><b><u>**Please mark each week that your student will be attending Summer PALS**</u></b><br/>                 (We will not have Summer PALS on 5/29, 6/19 &amp; 7/4)<br/> <b><u>**Rate of Pay: \$120 per student**</u></b><br/>                 (\$96 per student for weeks 5/29, 6/19 &amp; 7/3)</p> | May 30 <sup>th</sup> - June 2 <sup>nd</sup>   |  | July 3 <sup>rd</sup> - July 7 <sup>th</sup>    |  |
|   | June 5 <sup>th</sup> - June 9 <sup>th</sup>   |  | July 10 <sup>th</sup> - July 14 <sup>th</sup>  |  |
|   | June 12 <sup>th</sup> - June 16 <sup>th</sup> |  | July 17 <sup>th</sup> - July 21 <sup>st</sup>  |  |
|   | June 19 <sup>th</sup> - June 23 <sup>rd</sup> |  | July 24 <sup>th</sup> - July 28 <sup>th</sup>  |  |
|   | June 26 <sup>th</sup> - June 30 <sup>th</sup> |  | July 31 <sup>st</sup> - August 4 <sup>th</sup> |  |

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? \_\_\_\_\_

**FOR TRENTON ELEMENTARY KIDS:** Will you use the shuttle service? \_\_\_\_\_

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.)*