

REGISTRATION FORM FOR Summer PACK

Student's Name: _____ School Currently Attending: _____ This Year's Grade: _____ Teacher: _____

Mailing Address: _____ Gender _____ Birthday _____
(A student must reside in the TASD during the summer to attend Summer PACK without tuition (unless you are an Open-Enrollment student.)

Parent/Guardian's Name: _____ Daytime Phone _____ Cell _____

Parent/Guardian's Name: _____ Daytime Phone _____ Cell _____

Emergency Contact _____ Phone Number _____

Family Doctor and Clinic _____ Parent Signature _____

Allergies

Does your child have any health conditions or required special accommodations we should be aware of? _____ No _____ Yes
If yes, please explain.

Medications that are taken during Summer PACK time only _____

Authorization to Consent to Treatment of Student

I, the undersigned Parent/Guardian of the above mentioned minor student, do hereby authorize the staff member of the Tomah Area School District, supervising the activity concerned, as agent for the undersigned, to consent to an x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to rendered under general or special supervision of any physician and surgeon on the medical staff of any hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment. This authorization shall remain effective until the end of Summer PACK classes.

(Parent/Guardian) _____ (Date)

Fieldtrip Permission Form-Multiple Use

I, the undersigned Parent/Guardian of the above mentioned minor student, do hereby give my child permission to go on any fieldtrips set up for Summer PACK. Fieldtrips are indicated in class descriptions. If you have any special request(s) to make concerning your child's participation in fieldtrips, you should convey your request(s) in writing to Michelle Clark, Summer PACK Coordinator, at LaGrange Elementary School. If possible, your requests will be honored. It is understood that the student must abide by the directions given by the supervising teacher. If for behavioral/disciplinary reasons your child must return from any trip early and separate from the group, you will be responsible for any additional incurred trip expenses.

(Parent/Guardian) _____ (Date)

Child's name _____ 2016-17 Grade 1 2 3 4 5 6 7 8 9 10 11 (Circle current grade)
Please remember Summer Success Reading and Math classes and a few other selected classes are 6 weeks in length.

SESSION A

- Class 1A—Title _____ Course # _____ Fee \$ _____
- Class 2A—Title _____ Course # _____ Fee \$ _____
- Class 3A—Title _____ Course # _____ Fee \$ _____
- Class 4A—Title _____ Course # _____ Fee \$ _____

SESSION B *****

- Class 1B—Title _____ Course # _____ Fee \$ _____
- Class 2B—Title _____ Course # _____ Fee \$ _____
- Class 3B—Title _____ Course # _____ Fee \$ _____
- Class 4B—Title _____ Course # _____ Fee \$ _____

Unique Schedule Classes on page 16 in the brochure

- Title _____ Course # _____ Fee \$ _____
- Title _____ Course # _____ Fee \$ _____

TRANSPORTATION: Refer to transportation schedule for specific pick-up and drop-off locations.

Specific times will be included with your child's schedule when it is mailed home in June.

My child will:

 Ride the bus:

Pick-up Point _____

Drop-off Point _____

 Be transported privately

Pick-up and drop-off locations are listed on the first page of this brochure. We don't pick-up/drop-off at private addresses for Summer PACK.

BREAKFAST/LUNCH:

Please remember breakfast and lunch are free to all students.

 Yes, my child will eat the free breakfast.

 Yes, my child will eat the free lunch.