

Crawford Co. R-II Summer Journey™
2018 K-8 Enrollment Form

Don't Delay- Enroll NOW in this FREE program!

I. Student Information - (please print)

Please use **student's legal name** and **current year** school information

Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

Current Grade Level: _____

Student Address (include physical address if using P.O. Box for mail):

City: _____ State: _____ Zip: _____

Parent/ Guardian: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Emergency Contact: _____

Emergency Phone: _____

Emergency Cell Phone: _____

Ethnicity: (circle one) *Asian/Pacific Islander* *American Indian*
 Black *Caucasian* *Hispanic*

Gender: (circle one) *Male* *Female*

Birth Date: _____

Bus Route: _____

Bus Stop: _____

Bus Time: _____

Current School: _____

Homeroom Teacher: _____

II. Transportation

Bus Transportation

Will your child be riding the bus? Yes ___ No ___

Transportation Address (if different from above):

Other Transportation

Walk ___ Car ___ Picked up by: _____

Daycare: _____

Other: _____

III. Health Information

Health problems or concerns: Yes ___ No ___

If yes, please describe: _____

Is your child currently taking medication at school?

Yes ___ No ___

Name of Drug(s): _____

Is your child allergic to anything? Yes ___ No ___

If yes, please identify: _____

Will your child need medication during *Summer Journey*?

Yes* ___ No ___

Name of Drug: _____

*if yes, child must have a medical form on site.

Name and phone number of physician(s):

Hospital Preference: _____

In case of accident or serious illness, I request school personnel to contact me, alternate authorized persons, or the named physician. If it is impossible to contact me, authorized persons, or the physician, the school personnel may make emergency arrangements as necessary to care for my child. Yes ___ No ___

IV. Photo Release

I will allow any pictures taken of my child during participation in Summer Journey to be used for advertising and promotional purposes. Yes ___ No ___

Parent/ Guardian signature:

Date _____