



2019 Jeffco Summer of Early Learning (JSEL) Program

Circle the location you wish your child to attend

Edgewater Glennon Heights Lawrence Parr Rose Stein Swanson Westgate

Parents will be notified of enrollment acceptance

ALL students are eligible for FREE breakfast and lunch at school

Student Information

Student's Name _____ Grade _____ ID # _____

Address _____ City _____ Zip Code _____

Last Jeffco School Attended _____ Grade for the 18/19 school year _____

READ Plan ____ Health Action Plan ____ IEP ____ 504 Plan ____

English Language Learner ____ Native Language _____

My student is or will be enrolled in a Dual Language Program in Jeffco County Public Schools and I prefer that they receive most of their instruction this summer in Spanish. **Edgewater** will offer dual language classrooms.

(Dual Language Schools in Jeffco: Lumberg, Molholm, Foster, Eiber, Edgewater, Emory)

Yes ____ No ____

Parent/Guardian Information

Parent/Guardian name _____

Address (If different than student's) _____

Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Information (must be different than parent/guardian)

Emergency Contact Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Contact Information:

Family Doctor/Clinic _____ Phone # _____

Address _____ City _____ Zip Code _____

Insurance Company _____ Policy Number _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS REGISTRATION, EMERGENCY CONTACT & AUTHORIZATION FORM

Medical Information:

The District is committed to ensuring that all eligible students, including those with disabilities, have an equal opportunity to participate in non-academic and extracurricular programs and activities. If your student requires any accommodations to participate in the program(s) described above, please contact your child’s principal.

Health Review

Please circle all that apply and list any medications that your child might need during the school day:

- Allergies: Y N List all allergies including food; _____
Emergency Medications at school Y N _____
- Asthma: Y N Medication at school: Y N _____
- Seizures: Y N Emergency medication at school: Y N _____
- Type I Diabetes: Y N _____
- List any diagnosis your child might have: _____
- List any mobility issues: _____
- Requires Toileting Assistance: Y N Describe: _____

Due to potential food allergies, no food items will be provided, with the exception of breakfast and lunch. If your child requires a snack, it must be provided from home.

General

The person described herein has my permission to participate and engage in all program activities (which may include field trips – walking/riding, transportation and other activities which may involve certain risks) except as otherwise noted: _____ (Parent/Guardian Initials)

Behavior/Discipline

I agree to support behavior expectations and discipline procedures, as outlined in Jeffco Public Schools Code of Conduct (including student behavior at school, on school grounds, on school buses, and on school-sponsored field trips).

_____ (Parent/Guardian Initials)

Emergencies

In the case of an EMERGENCY, Jeffco Summer of Early Learning program will first call 911 to ensure your child’s safety. Jeffco Summer of Early Literacy programs will then immediately contact the parent/guardian on the emergency form. In the event that a parent/guardian cannot be reached in an EMERGENCY, I hereby give permission, to the physician selected by Jeffco Summer of Early Literacy program to secure treatment, hospitalize and order injection, anesthesia or surgery for my child at my expense. _____ (Parent/Guardian Initials)

Pick-up Procedures

JSEL runs from 8:00-12:00 Monday through Friday. Parents are required to pick up their student promptly a 12 noon. Unexpected events might happen that cause parents to be late. In that case, parents are expected to contact JSEL staff promptly to inform them of the situation and provide a speedy resolution. In any event, staff is authorized to use their discretion in those situations when students are not picked up by 12 noon. They may contact law enforcement or county human services to provide a temporary solution for the safeguarding of the student so they may end their work day and secure the building. _____ (Parent/Guardian Initials)

Parent/Guardian Signature: _____ **Date:** _____

To confirm your registration would you prefer: email or card in the mail (Please circle one)