

Pauoa Elementary School Summer Enrichment Program 2024 Registration Form



PLEASE PRINT

Student's Name		
LAST	FIRS	ST MI
Gender (circle)	Male Female	
Birthdate		
Completed Grade as of May 2024		
Parent/Legal Guardian Name(s):		
Address:	City:	Zip:
Home phone:	Work phone:	Cell phone:
Email:		
Authorized person(s) to pick up my child	d (picture ID required) if I am not able	to:
Name:	Contact Number:	Relationship:
Name:	Contact Number:	Relationship:
My child is interested in: (please check of 8:00 am - 12:00 pm (no charge) 8:00 am - 12:00 pm AND Coding Pick up Arrangements:	g Camp 12:30 -2:00 pm (Please enclos	
to be picked up	(Please speci	
Parent/Legal Guardian Signature		 Date
Date received	Office Use Only Received by	
Date received Amount paid	neceived by	
Form of payment: □ Cash □ Chec	k # Name on Check	

Emergency Information

Student's Name:		
LAST	FIRST	MI
Nu shild has bealth incompany () ()	Voc. No.	
My child has health insurance (circle)	Yes No	
If yes, please indicate medical insura	nce below.	T
Name of Insurance Company:	Policy Number:	Expiration Date:
Family Physician:		Contact Number:
Dentist:		Contact Number:
Emergency Contact: In case the child I authorize the school to contact and		at school and I cannot be contacted,
Name:	Contact Number:	Relationship:
Name:	Contact Number:	Relationship:
Please indicate any special health cormedications, etc):	ditions your child may have (i.e., me	dical problems, restrictions, allergies
If my child needs to be taken to an en	nergency facility, he/she will he taker	n to the nearest one I give my
consent to school authorities to take		
Parent/Legal Guardian Signature		 Date