Pauoa Elementary School
Summer School 2023
Registration Form

PLEASE PRINT

Student's Name _____
LAST FIRST MI

Sex (circle)	Male Female
Birthdate	
Completed Grade as of May 2023	

Parent/Legal Guardian Name(s): _____

Address:	City:	Zip:
Home phone:	Work phone:	Cell phone:
Email:		

Authorized person(s) to pick up my child (picture ID required) if I am not able to:

Name:	Contact Number:	Relationship:
Name:	Contact Number:	Relationship:

My child is interested in: (please check one)

- ☐ 8:00 am - 12:00 pm (no charge)
- ☐ 8:00 am - 12:00 pm AND Coding Camp 12:30 -2:00 pm (Please enclose payment with these forms)

Pick up Arrangements:

☐ Wait at Office to be picked up ☐ Walk home ☐ Other: _____ (Please specify)

_____ _____
Parent/Legal Guardian Signature Date

Emergency Information

Student's Name: _____
LAST FIRST MI

My child has health insurance (circle)	Yes No	
If yes, please indicate medical insurance below.		
Name of Insurance Company:	Policy Number:	Expiration Date:
Family Physician:		Contact Number:
Dentist:		Contact Number:

Emergency Contact: In case the child listed above becomes ill or is injured at school and I cannot be contacted, I authorize the school to contact and release custody to the following:

Name:	Contact Number:	Relationship:
Name:	Contact Number:	Relationship:

Please indicate any special health conditions your child may have (i.e., medical problems, restrictions, allergies, medications, etc):

_____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent to school authorities to take appropriate action for the safety and welfare of my child:

_____ _____
Parent/Legal Guardian Signature Date