

Oakman Summer Academic & Enrichment program Registration Form 2021 (in Person)

The program includes both academic and enrichment/innovative activities for students.

Students failing two or more classes in any core courses must be part of the program-we are eliminating the course recovery program for this year.

Oakman Elementary School	Days	Dates	Times (select one from the two options)	Length of day
Grade in 2020-2021: 1st Grade	Monday-Thursday	6/23-8/13	<input type="checkbox"/> 9 am- 2 pm <input type="checkbox"/> 9 am-5 pm	

Parental Consent Form Please complete and return By May 7. (this can be sent with students)

Child's Name _____ Birthdate _____

Address _____ City _____ Zip Code _____

CONTACT *Primary Contact Parent/Guardian should be the individual filling out this form.*

Primary Contact Parent/Guardian _____

Address _____ E-mail _____

Cell Phone _____ Home/office phone _____

Additional Contact Information (Individual who may be contacted in the event parent/guardians listed above can't be reached.)

Name _____ Relationship: _____

Home Phone _____ Cell: _____

List of other individuals allowed to pick up your child from the school. Anyone picking up your child will be asked to show a photo ID before your child will be allowed to leave with them.

_____ Relationship _____

_____ Relationship _____

Does the student have an IEP ____ Yes ____ No

Does the student have a 504 plan ____ Yes ____ No

Consent Statement: As the parent/guardian, I certify that my child has my permission to participate in the Oakman Summer Academic and Enrichment program. I understand that photographs and videos may be taken to document activities. I give my permission for photographs and/or videos to be taken of my child during the camp to be used for educational and/or promotional materials for the program. I will follow district and school procedures regarding health screening of my child prior to sending to school.
I understand that I will be notified should a health emergency arise.

If I cannot be reached by telephone, I authorize whatever medical treatment is deemed necessary by medical personnel. My child has the following known medical conditions:

My child takes the following medications:

My child is allergic to:

Other concerns/conditions of which we should be aware:

Parent/Guardian Signature _____ **Date** _____



For online registration, scan the code.