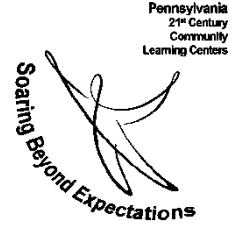




*respective solutions*  
GROUP



**HASD Summer Program 2017**

**Parent/Guardian Agreement Form**

*Funded in full or in part with a grant from the Pennsylvania Department of Education.*

**Child's Name:** \_\_\_\_\_ **T-shirt Size** \_\_\_\_\_

1. I understand that, for my child's safety, I must sign my child out when picking her/him up from summer program. I also understand that my child will only be released to the persons listed in my child's emergency contact information, and that I will be contacted immediately if any unauthorized persons attempt to pick up my child.
2. I understand that summer program staff will apply minor First Aid (bandages/icepacks) to my child, but cannot dispense oral medications. Staff will contact parents/guardians if First Aid is necessary.
3. I understand that the summer program has the same expectations for student behavior as the school, and that attending any RSG program is a privilege and is voluntary.
4. I give permission for RSG to take pictures and video of my child during the summer program with the understanding that these images may be used for: projects/display boards; student yearbooks; RSG's Website/Facebook/Twitter pages; and in the local newspapers.

**\*Program is Monday-Thursday from 9:00 a.m.-12:00 p.m., June 26-August 3, 2017.**

**\*\*Please circle the weeks that your student will attend program.**

<b>Week 1 (June 26-29)</b>	<b>Week 2 (July 3-6)</b>	<b>Week 3 (July 10-13)</b>
<b>Week 4 (July 17-20)</b>	<b>Week 5 (July 24-27)</b>	<b>Week 6 (July 31- August 3)</b>

**Demographic information (this is only used for reporting purposes):**

Child's gender: (circle one)                      M                      F

Child is eligible for: (circle one)                      Free Lunch                      Reduced Price Lunch                      N/A

Child receives learning support services: (circle one)                      Y                      N

Child's race/ethnicity: (circle one or more)

Hispanic/Latino	American Indian/Alaska Native	Asian
Black or African American	Native Hawaiian or Pacific Islander	White

**Please turn over and complete the other side of this form.**

**Emergency Contact Information**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade (rising): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please list two persons that we may contact and that have permission to pick up your child in case of an emergency. These contacts should be available during summer program hours.**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Please list any known allergies or medical conditions/concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any disabilities or special needs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transportation:**

- My child will be picked up and dropped off at the bus company's designated stop.
- I will provide my child's transportation to and from summer program.

**\*Please be sure that your child is dressed in appropriate and comfortable clothing/footwear to be outside.  
You may want to send sunscreen and a water bottle to program with your child.**

**Any other information that the RSG program coordinator should know:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_