

INTENT TO PARTICIPATE IN SUMMER LEARNING CAMP

Incoming
Kindergarten
Only

NAME OF STUDENT: _____

GRADE LEVEL FOR NEXT SCHOOL YEAR: _____

PARENT/GUARDIAN: _____

TRANSPORTATION NEEDED?

- YES
- NO, Parent / Guardian will provide transportation
- Transportation needed pick up only
- Transportation needed for drop off only

STUDENT'S ADDRESS: _____
(address where your child will be picked up/dropped off)

EMERGENCY CONTACT INFORMATION

Contact Person #1: _____

Phone Number: _____

Contact Person #2: _____

Phone Number : _____
