



2019 Summer Program

Program Use Only	
Application # _____	
Date Rcvd: _____	Start _____

Student's Name: First Middle Last	Grade	Age	Date of Birth
Health Concerns/Allergies: Does your child have any physical, medical (including allergies), emotional, and/or learning needs? If so, please specify:			
Student Home Address			Student May Walk Home
			Yes / No

Parent/Legal Guardian Information

Mother/Legal Guardian Name: First Middle Last			Father/Legal Guardian Name: First Middle Last		
Phone Number (Cell)	Phone Number (Other)	Can we text msg you? Yes / No	Phone Number (Cell)	Phone Number (Other)	Can we text msg you? Yes / No
Email Address			Email Address		

Emergency Contacts/Release Authorization (Other Than Those Listed Above) I understand that my child must be signed out of program every day by an authorized adult (18 years or older with picture ID). I authorize the following individuals to pick up my child including in case of an emergency (attach page if more space required).

Contact Name: First Middle Last	Relationship	Phone Number (Main)	Phone Number (Secondary)

Any person to whom the student MAY NOT BE LEGALLY RELEASED? Court-issued order must be on file, if applicable.

Name: First Middle Last	Relationship

Please Select the desired week(s) of Participation and if extended care is needed:

Week Selections		Add-on Extended Day		Total
June 17 - June 21	9am-3pm \$165	June 17 - June 21	6am-6pm \$60	
June 24 - June 28	9am-3pm \$165	June 24 - June 28	6am-6pm \$60	
July 1 - July 3	9am-3pm \$99	July 1 - July 3	6am-6pm \$36	
July 8 - July 12	9am-3pm \$165	July 8 - July 12	6am-6pm \$60	
July 15 - July 19	9am-3pm \$165	July 15 - July 19	6am-6pm \$60	
July 22 - July 26	9am-3pm \$165	July 22 - July 26	6am-6pm \$60	
July 29 - Aug 2	9am-3pm \$165	July 29 - Aug 2	6am-6pm \$60	
TOTAL				

Participation Agreement: I agree to have my child participate in the arc summer program. I understand that participation in arc is a privilege, and that my child's failure to comply with the program's rules, regulations, and policies may result in disciplinary action, including but not limited to suspension or dismissal from the program. I understand that my child may risk bodily injury and or other loss, including damage to property, by virtue of participation. I knowingly and freely assume all such risk for myself and my child. I release and hold harmless arc, its officers, agents, contractors, subcontractors, and employees with respect to any and all such injury and or loss, except when the injury or loss results from willful misconduct of arc, its employees, or agents. I understand that arc and the school district in which my child is enrolled, is NOT responsible for my child while they are not signed in to the program. I understand that the submission of this form does not guarantee my child placement in the arc program.

Information Release Agreement: I understand that the school and/or school district may share personally identifiable information with arc to enable arc to understand student needs, progress, and promote program participation. In addition, arc may administer surveys and assessments to evaluate student progress.

Medical Treatment Authorization: In the event my child suffers an illness or accident, I authorize arc to seek medical help by contacting 911 emergency services or otherwise securing treatment at a medical facility. I acknowledge that arc does not provide medical coverage for participants.

Media/Product Release: I give my permission for my child to be filmed or photographed. arc may use/publish work my child produces during arc activities. I understand that all film and photos are the sole property of arc. Photos/videos/student work may be used in public displays, for marketing, or for printed materials published by and/or for arc without compensation to the child or parent/guardian.

I am the parent/guardian with legal custody of the above-named child. The information on this application is accurate and complete to the best of my knowledge. I understand that this is the entire agreement between myself and arc, its agents or employees, and it cannot be modified or changed in any way by the representatives or statements of any employees of arc or by me. My signature below indicates that I have read this entire document and understand it completely and agree to be bound by its terms.

Parent / Legal Guardian Signature

Date