

**Summer School Program**  
**ABC - Above and Beyond the Classroom in Teton Valley**

Questions? Please email [dtemple@d401.k12.id.us](mailto:dtemple@d401.k12.id.us) (208) 419-6219

**STUDENT ENROLLMENT APPLICATION**

Please complete the following information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade in Fall 2019: \_\_\_\_\_ Gender: Boy / Girl

**Sessions needed:**

- Session I: June 17 - June 27 (Two weeks, Monday - Thursday)
- Session II: July 8 - August 15 (Six weeks, Monday - Thursday)

**Days needed:**

- Monday       Tuesday       Wednesday       Thursday

**NAMES OF PARENTS AND GUARDIANS**

Parent(s) / Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have physical limitations?  Yes  No If yes, please explain: \_\_\_\_\_

Is your child taking any medicine?  Yes  No If yes, please explain: \_\_\_\_\_

Does your child have allergies?  Yes  No If yes, please explain: \_\_\_\_\_

Does your child have food allergies?  Yes  No If yes, please explain: \_\_\_\_\_

So we may best support your child, is there anything else you would like us to know about?

\_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

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Name

Best Phone Number

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Name

Best Phone Number

### **EMERGENCY MEDICAL RELEASE**

If emergency medical care is necessary and I cannot be reached, I authorize ABC to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

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Doctor

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Parent/Guardian Signature

Date

### **HOLD HARMLESS RELEASE**

I hereby waive, release, absolve, indemnify, and agree to hold harmless ABC, Inc., its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause of ABC. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

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Parent Signature

Date

## ABC SUMMER SCHOOL PROGRAM INFORMATION

- The program is free and relies on donations and community support.
- The program is geared for Grades K - 3, with exceptions for Grades 4 and 5.
- The ABC summer school Program will have two sessions:  
Session I: June 17 - June 27 (Two weeks, Monday - Thursday)  
Session II: July 8 - August 15 (Six weeks, Monday - Thursday)

Hours are from 8:30 am - 5:30 pm, Monday - Thursday.

- ABC summer school will be closed July 1 - 4.
- During Summer School, children will receive a full breakfast and lunch. Parents should bring an afternoon snack for their child.
- No summer school on Fridays. Children are welcome to go to Driggs Elementary for a full breakfast and lunch that day; however, there will be no ABC staff providing supervision.
- The program will be held at Driggs Elementary. Parents are responsible for dropping off and picking up their children.
- Parents must indicate the days they need the summer school program for their child/children on the application. It is expected that the child will be here consistently for those days needed.
- Parents must complete the check out form. People not listed may not pick up your child UNLESS you have contacted the Director in advance.
- Children participating in ABC Summer School may not leave the Driggs Elementary school grounds at any time unless it is a planned field trip or activity. If children are biking or walking home, parents need to provide information to the Program Director.
- If the program is full, children will be put on a waiting list.
- We want every child to feel welcome, have fun, and safe. Our program will instill a culture of children being responsible, respectful and ready!

## INCOME

Household Size (Check the box)

- 2
- 3
- 4
- 5
- 6 or more

Income (Check the box)

- \$0 - \$30,451
  
- \$30,452 - \$38,443
  
- \$38,444 - \$46,435
  
- \$46,436 - \$54,429
  
- \$54,430 - \$62,419
  
- \$62,419 - \$70,411
  
- \$70,411 - \$78,403
  
- \$78,404 +

We respect your privacy. Please have your child return the form to the school front office. Your application will be placed in an envelope immediately. Your application will be kept confidential.

## CHECK OUT FORM

Student's Name: \_\_\_\_\_

The following individuals are authorized to check-out the above named student from ABC activities.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Note: Add additional names if needed.

If anyone is PROHIBITED from contacting or checking-out the student. Specify the individual(s) below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### CODE OF CONDUCT

Positive attitudes keep ABC fun. Below are some guidelines children are expected to follow:

- **We are Responsible**
- **We are Respectful**
- **We are Ready**

### BEHAVIOR POLICY

Each child deserves to be in a positive, safe and caring environment. The first behavior issue will be a warning with the child and a notice will be sent home to the parent(s) / guardian.

The second behavior issue will be a conference set up with parents, children and ABC staff member to create a plan to stay within the rules. The third behavior issue will mean the child cannot come to the program. Families may reapply. Space is not guaranteed.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## PHOTO RELEASE FORM

I give ABC permission to publicize my child's picture, name, or copies of his/her work in school displays, social media, school papers, local newspapers, radio, video or television, \*\*If no, please explain this to your child and let them know not to be a part of group or individual pictures.

Yes    No

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Parent / Guardian Signature

Date

## FIELD TRIPS

As parent or guardian, I give my child permission to attend any field trips or excursions planned by ABC. Students will travel by school district bus or walk. A note will be sent home with your child prior to the trip. I also consent to allow my child to participate in special assemblies, educational programs, and activities made available by ABC.

Yes                       No

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Parent / Guardian Signature

Date

## CONSENT TO SHARE INFORMATION

I give permission to ABC, Teton School District 401 Title One, and the State Department of Education to share confidential information and work together in providing services and academic planning for your child. This information may include tests, assessments/results, academic progress reports, disciplinary action records, IEP conference notes, and IEP's medical information for medical conditions and medications. This information will remain confidential. All personal records are protected by federal and state laws and cannot be disclosed without this written consent, unless otherwise authorized. I authorize the exchange of information related to my child and realize this consent is valid until revoked in writing.

Yes                       No

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Parent / Guardian Signature

Date

Forms may be returned to:

- Dropped off at Driggs Elementary
- Mailed to:    ABC  
                    PO Box 716  
                    Driggs, ID 83422
- Email to: [dtemple@d401.k12.id.us](mailto:dtemple@d401.k12.id.us)