

SUCCESS 4 SIXTH GRADE
6th Grade Day Camp
Registration Form

Student Name _____ Birthdate _____

Street Address _____ Zip _____

Elementary School student attended _____ Gender _____

Middle School student will attend _____

Parent/Guardian Name _____

Home # _____ Cell # _____ Work # _____

I will need transportation to attend this program (circle one): YES NO

Bus stop that I live closest to: _____

****See attached flyer for pick up/drop off sites for each middle school. Bus information will be included in the confirmation letter that you will get two weeks prior to the program.****

EMERGENCY INFORMATION:

All information needs to be included and will be kept confidential

Doctor _____ Phone # _____

Dentist _____ Phone # _____

Hospital Preference _____

Alternate Contacts in Case of Emergency:

Name _____	Relationship _____	Phone # _____
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Name _____	Relationship _____	Phone # _____
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Medication (Please list name, dosage & time) _____

Health Condition (including allergies) _____

- I give full consent to the Des Moines Public Schools to use any photographs, audio, or video tapes taken of me while participating in SUCCESS 4 SIXTH GRADE, with no claim for payment, for any promotional/recognition activities of the program or school district.
- I assume all responsibility for any accidents or injuries that may occur, and release the Des Moines Public Schools staff and other educational consultants that provide services related to the middle school transition program of all liability. I understand that the Des Moines Public Schools and other staff are not responsible for any stolen or lost personal belongings. In case of accident, injury or sudden illness and I cannot be reached; I request that necessary medical care be instituted. Our physician/dentist may be contacted in case of medical treatment or as necessary and is authorized to release requested information as needed. The parent/student is responsible for all medical expenses.
- I also give my consent for the Des Moines Public School staff and other agencies affiliated with the middle school transition program to provide transportation in the course of their participation in SUCCESS 4 SIXTH GRADE.

 Parent/Guardian Signature

 Date

Please return all registration forms to your 5th grade teacher by May 31st
Questions - Please call the SUCCESS Case Manager at the middle school you will be attending.