



Kindergarten Readiness Program

College of Education

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____

Gender: ☐ Female ☐ Male Age: _____

School attending for Kindergarten: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ Cell: _____

 Please list ADA Accommodations needed: _____

Parent/Guardian: _____ Day phone: _____ Cell Phone: _____

Parent/Guardian: _____ Day phone: _____ Cell Phone: _____

Parent/Guardian email: _____

This is a half-day program (8:00am-12:00pm). Pick-up is at 12:00 noon in Billy C. Black Building Room 183. There is a fee for late pick-up. Extended Day Services are offered through the Early Learning Center (ELC). Those participants enrolled in Extended Day Services will be dropped off at the ELC AT 12:00pm. Parents MUST enroll in Extended Day Services directly with the Early Learning Center.

Please sign where appropriate:

Half-Day Program (pick-up at 12:00): _____

Extended Day Services (drop-off to ELC): _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Lunch: Lunch is provided. If you prefer to send your child's lunch, please be sure that your child's belongings are clearly marked with your child's first name and last name. Children can also bring their own snacks. **Do not include peanuts or peanut-based products.** Refrigerators will not be available for your child to store his/her lunch. Glass bottles/containers are also not allowed.

Location: All children will report to Billy C. Black Bldg. for academic instruction from 8:00-12:00pm. Children participating in the extended day program will be transported to the Early Learning Center at 12:00pm.

Contact Information

For more information, contact Dr. Erica DeCuir, Director of the Summer Learning Academy at:
229-430-4717 Email: erica.decuir@asurams.edu.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Effective Date of Coverage: _____

Will child be required to take medication during camp hours? Yes or No

Does child use an inhaler? Yes or No

Is child under the care of a physician? Yes or No

Is child restricted from physical activity? Yes or No

Does child have any known food allergies? Yes or No

Parent/Legal guardian signature _____ Date _____

Pick-Up Authorization Form (For those NOT participating in Extended Day)

Child's Name _____

Parent/Guardian: _____
List Name of Person(s) Dropping Minor Off

I will be picking up the minor child each day at approximately 12:00 pm.

The minor listed above may be released to any of the following:

Name	Contact Number(s)
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Name	Contact Number(s)
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Name	Contact Number(s)
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By my signature below, I understand:

- (1) that my child will NOT be released to anyone other than the person(s) listed on this form;
- (2) that I will be assessed a late pick-up fee of \$10.00 if the child is not picked up by 12:00pm and that the late fee must be paid before my child is allowed to return on the following day.

Parent/Guardian Signature

Date