

# Jump Start Summer School 2019

## Enrollment Form

\_\_\_\_\_ **YES**, please enroll my child in Jump Start Summer School.

*(Check BOTH boxes below to indicate your agreement)*

- I understand that in order for my child to participate, I will need to drop off them off at 8:45 am and pick them up at 12:10 pm daily (M – Th) at the Beaverton Elementary School.
- I understand that I will be receiving a phone call in the middle of July to verify my child's placement in Jump Start Summer School.

*Please read and complete*

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Student's Name

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Parent's Name

\_\_\_\_\_  Yes, I can receive text messages  
Home Phone                      Cell Phone

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Does your child have any allergies?    Yes    No    If Yes, what are they? \_\_\_\_\_

Individuals authorized to pick my children up:

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

Date Signed: \_\_\_\_\_

### **Picture Policy**

I give permission to the summer program to publish any or all pictures of my child, \_\_\_\_\_, taken during the duration and conducting of this program.

Parent/Guardian Initials: \_\_\_\_\_    Date Initialed: \_\_\_\_\_