

# S.P.A.R.K. SUMMER 2021 Program Enrollment

TRANSPORTATION REQUESTED: Yes \_\_\_\_ No \_\_\_\_  
(ONLY AVAILABLE FOR BUS ELIGIBLE ADDRESSES, CALL FOR STOP INFO)

## Demographics

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ GRADE 21-22 SCHOOL YR \_\_\_\_ School: \_\_\_\_\_ Gender:  Male  Female  
Parent/Guardian Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ STUDENT T SHIRT SIZE: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

## Pick Up Authorization

I authorize only these additional individuals to pick up my child:

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

I give permission for \_\_\_\_\_ to sign out and walk home from the S.P.A.R.K. program.

## Health Information

Does your child have any condition which would prevent him/her from participation in all camp activities? (If so, please explain below) \_\_\_\_\_

Any allergies (food, drugs, bee stings, mosquitoes, etc.) \_\_\_\_\_

Serious Injuries/Illnesses? \_\_\_\_\_

Does your child take medication at present? (Check One)  Yes  No

Health Care Insurance Provider: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

**Please note: S.P.A.R.K Staff persons are NOT trained nor licensed to administer ANY medications during program hours. This includes, over the counter medications, inhalers, or prescribed medications. Should your child need such medications during programming, please make such arrangements prior to your child attending each day.**

**Parents Authorization:** In case of emergency I understand every effort will be made to contact me or the person(s) listed under the Emergency Contact section. In the event I or my contact(s) cannot be reached, I give permission to the S.P.A.R.K Program to secure proper medical treatment, including hospitalization and any required surgery, for my child. I understand that I am responsible for payment of any medical bills created by injury to the program activities. I understand that the program does not provide accident insurance for program participants and does not accept financial responsibility for expenses related to accidents and injuries sustained by program participants.

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

**Does the S.P.A.R.K Program have permission to use photos of your child in educational and promotional materials?**  
**(There is no cost for this) Yes: \_\_\_\_\_ No: \_\_\_\_\_**