

**2018 ST. MICHAEL INDIAN SCHOOL SUMMER SCHOOL REGISTRATION FORM**

*Please keep your child's registration form current, as it is difficult to locate parents with outdated information.*

*Any changes made must be submitted in writing.*

**MY CHILD WILL BE ATTENDING:**

- K-2 SUMMER SCHOOL
- 3-6 SUMMER SCHOOL
- 7-8 SUMMER SCHOOL
- 9-11 SUMMER SCHOOL, 1 QUARTER (0.25) CREDIT EARNED

**PAYMENT METHOD: \$100.00, JUNE 4-29, 2018**

- PAY IN FULL
- BILL TO STUDENT ACCOUNT

STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN 1 NAME: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

PARENT/GUARDIAN 2 NAME: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

CHILD RESIDES WITH: \_\_\_\_\_

**EMERGENCY CONTACTS: LIST THREE DEPENDABLE EMERGENCY CONTACTS. PLEASE REMEMBER IN THE EVENT OF AN EMERGENCY OR ILLNESS, WE MUST HAVE AN ALTERNATE CONTACT PERSON IF WE CANNOT REACH THE PARENT(S).**

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**INDIVIDUALS AUTHORIZED TO PICK MY CHILD UP**

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

**PICK UP METHOD**

**MY CHILD WILL:**

- BE PICKED UP VIA PARENT OR AUTHORIZED PERSON
- RIDE THE BUS: MARK THE LOCATION
  - YAH TA HEY FAMILY DOLLAR
  - WINDOW ROCK EDUCATION CENTER
  - FORT DEFIANCE CONOCO
  - FORT DEFIANCE HOSPITAL

**ALLERGIES**

DOES YOUR CHILD HAVE ANY ALLERGIES?      YES      NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

DOES YOUR CHILD HAVE AN EPIPEN?      YES      NO

IF YES, FOR WHAT ALLERGY? \_\_\_\_\_

DOES YOUR CHILD USE A RESCUE INHALER?      YES      NO

IF YES, FOR WHAT ALLERGY? \_\_\_\_\_

PARENT(S) MUST CALL THE ELEMENTARY OFFICE FOR K-6 AT 505-979-5590 EXT 3012 AND HIGH SCHOOL OFFICE FOR 7-11 GRADE AT 505-979-5590 EXT 3029 BEFORE 11:00 AM IF SOMEONE OTHER THAN THOSE LISTED ABOVE WILL PICK UP YOUR CHILD ON ANY GIVEN DAY. IF ARRANGEMENTS ARE NOT MADE, YOUR CHILD WILL NOT BE RELEASED. THIS IS STRICTLY FOR THE SAFETY OF YOUR CHILD. PARENTS/GUARDIANS CHECK IN AND OUT THEIR CHILD EACH DAY AT THE DESIGNATED LOCATION WITH THE INSTRUCTOR.

PARENT NAME: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PAYMENT AND DEINQUENT ACCOUNT POLICY**

Summer School tuition is \$100.00 from June 4-29, 2018. Summer school hours are from 8:30 AM-12:00 PM. The summer school fee must be paid at the time of registration or billed to student account. Summer school fee is used for all supplies and equipment.

I have read the above statement and agree to abide by the guidelines stated on this form. If I cannot adhere to this policy once my child is accepted for enrollment by St. Michael Indian School Summer School. I agree to willingly withdraw my child from Summer School and pay any remaining balance on my account.

PARENT NAME: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**DISCIPLINE**

**PARENT/GUARDIAN AND CHILD AGREEMENT FOR MISBEHAVIOR**

If your child/ren is involved in inappropriate behavior, language, or attitude problems that are of unacceptable nature, a written Incident report will be completed and a verbal warning made to the parent. If repeated attempts to help your child correct his/her misbehavior have been unsuccessful and you child receives a third and final incident report, enrollment in the St. Michael Indian School Summer Camp will be terminated.

Parents and children must agree to abide by summer school policies in order to maintain enrollment eligibility. Parents must further agree to meet with the summer camp teacher and/or administrator deemed necessary. Parents not complying with requests to meet with summer school teacher and/or administrator may lose their enrollment privileges. Families not complying with summer school standards may also lose enrollment privileges.

By signing this agreement, I, \_\_\_\_\_, state that I have read this page and reviewed it with my child.

We understand and agree to the terms set forth in this agreement for termination of enrollment due to misbehavior.

PARENT NAME: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_