

2019 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Please keep your child's registration form current, as it is difficult to locate parents with outdated information.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
- 3-5 SUMMER SCHOOL
- 9-11 SUMMER SCHOOL

- Rising 6-12 Graders: 3D Tech Camps , Mr. Greene and Mr. Joe
 - June 10-13 (max 30) – 3D Print Camp
 - June 17-20 (max 30) – 3D Print Camp
 - July 15-31 (max 15) – Coding Camp
- Rising 6-12 Graders: Media Camps, Mr. Patterson
 - Photography Camp: June 3-13 (max 10)
 - Students will learn the basics of photography and will create their own photo journal by the end of the camp.
 - Video Creation Camp: June 17-27 (max 10)
 - Students will create videos and learn the basic editing techniques. By the end of the camp, they will produce a video of their own.
- Rising 6-12 graders: Safe Sitter, Mrs. Adams: Safe Sitter is a program that enables young teens to feel confident staying home alone, watching younger sibling, or babysitting younger children. It will teach your teen the importance of practicing safety skills, how to handle emergencies, and how to treat illness and injuries.
 - June 3-13
- Rising 3-8 graders: Science Camp, Mrs. Adams
 - June 17-27: Students will conduct various experiments via hands-on learning and problem solving.

<p>Summer School</p> <p>PAYMENT METHOD: \$150.00, JUNE 3-27, 2019</p> <ul style="list-style-type: none"><input type="checkbox"/> PAY IN FULL<input type="checkbox"/> BILL TO STUDENT ACCOUNT (<i>SMIS Students ONLY</i>)	<p>Summer Camp</p> <p>PAYMENT METHOD: \$25.00 per week, JUNE 3-27, 2019</p> <ul style="list-style-type: none"><input type="checkbox"/> PAY IN FULL<input type="checkbox"/> BILL TO STUDENT ACCOUNT (<i>SMIS Students ONLY</i>)
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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
 - KARIGAN
 - WINDOW ROCK EDUCATION CENTER
 - 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-5 AT 505-979-5590 EXT 3012 AND HIGH SCHOOL OFFICE FOR 6-11 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 \$150.00 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: _____