

HOMEWOOD SUMMER PROGRAM CONTRACT

**OFFICE
USE ONLY**

DATE _____

CHECK # _____

Child's Name	Grade Completed	Permission to View PG Movies	Child will Attend
1 _____	_____ <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> June & July
2 _____	_____ <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> June & July
3 _____	_____ <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> June & July

(Name child goes by & Last name)

School child attends: Edgewood Hall Kent Shades Cahaba

Home Address: _____

Mother's Name: _____ Phone (home): _____ (cell): _____
 Place of Employment: _____ (work): _____
 Email: _____

Father's Name: _____ Phone (home): _____ (cell): _____
 Place of Employment: _____ (work): _____
 Email: _____

Marital Status of Parents: married couple separated divorced widowed other _____
 Person having custody of child: _____

Emergency / Pick Up:

(1) _____ Relationship: _____ Phone (home): _____ (cell): _____
 (2) _____ Relationship: _____ Phone (home): _____ (cell): _____
 (3) _____ Relationship: _____ Phone (home): _____ (cell): _____
 (4) _____ Relationship: _____ Phone (home): _____ (cell): _____
 (5) _____ Relationship: _____ Phone (home): _____ (cell): _____

Medical information:

Chronic illness, allergies, nosebleeds, bites, etc: Yes No
 If yes, please state: _____
 Special needs, autism, anxiety, down syndrome, hearing loss, non-verbal, etc.: Yes No
 If yes, please state: _____
 Daily medication to be administered: Yes No
 Physician's Name: _____ Phone: _____
 Is child covered by health insurance? Yes No
 Insurance carrier: _____ Contract No: _____

***Permission To Travel:**

The Extended Day Program and the Homewood City Board of Education have my permission and consent to provide transportation in connection with Extended Day. I hereby waive any and all claims for any injuries or losses as a result of said trips. This permission and release shall be effective for the 2023 Summer Program. Parents will be notified of the date, time and place of any trips in advance.

*This is to certify that my child (children) is enrolled in the Homewood City School system.

*I understand that the Homewood Summer Program relies on participant's tuition to meet operational expenses.
 All tuition payments must be made according to the payment schedule. Summer tuition is non-refundable.

 *Signature of Parent or Guardian

 Date