



2019 SUMMER ENRICHMENT APPLICATION

Withdrawal Date: _____

Check Location: Eastern
 Creekside
 Wintergreen Intermediate

Grade at End of 2018-19 SY: (circle one) K, 1, 2, 3, 4, 5

DOB: _____

Child's Name: _____ Age: _____

Parent #1 Name: _____ Home/or Cell # _____

Parent #2 Name: _____ Home/or Cell # _____

Mailing Address: _____

Email Address: _____

Street/P.O. Box _____ City _____ Zip Code _____

Registration Fees	
\$ _____ Cash/Credit	Receipt No: _____
\$ _____ Check	Check No: _____

T-Shirt Size (Check One)			
Sizes must be accurate, a \$10.00 fee is charged to re-order			
CS (6-8)	CL (14-16)	AM	<input type="checkbox"/>
CM (10-12)	AS	AL	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent's Initials _____

I have read and fully understand the Parent Guide, Discipline Policy, Child Care Laws, payment fees and rules and regulations of the program. I agree if dropping from the program, I am required to give a two week PAID notice, and I will not receive a refund if my child(ren) is dismissed from the program.

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD IF I AM UNABLE TO DO SO:

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

I understand that I must send a note in advance when someone other than those listed above will be picking up my child(ren).

Only original applications accepted. Enrollment is first-come, first-serve. A \$35.00 nonrefundable registration fee must accompany all applications. Make check payable to **PCCSR** and return to Pitt County Community Schools and Recreation, 4561 County Home Rd., Greenville, NC 27858. For more information, call 252-902-1975 or visit our website at www.pittcountync.gov/csandrecreation

EMERGENCY INFORMATION - MUST COMPLETE

Mother:	Place of Work: _____	Phone: _____
Father:	Place of Work: _____	Phone: _____
Other Emergency Contact:	_____	Phone: _____

Can be someone from the pick-up list

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Preferred Hospital: Vidant Medical Center (Please change if other than Vidant)

List medications being taken regularly: _____

List any allergies your child has: _____
(If this information changes please update form with your teacher)

Yes No If yes, please explain: _____

PITT COUNTY COMMUNITY SCHOOLS & RECREATION PARENT CONSENT FORM

I hereby give consent for my child to participate in the Pitt County Community Schools and Recreation Summer Enrichment Program. The information provided on this application is correct and complete. While I realize that all precautions will be taken to guard my child from injury, I will not hold Pitt County Board of Education, Community Schools and Recreation Program or program staff responsible for accidents that may occur. I agree that the operator may authorize the physician of his/her choice to provide emergency care.

Occasionally, we may take photographs of the children in our program. We may use these images in printed publications or on our website. We will not release any personal details or names in our publications or website. I hereby

GIVE DO NOT GIVE my consent for my child to be photographed for the reasons stated above.

Parent/Guardian Signature _____

Date _____

