



# 2024 SUMMER ENRICHMENT APPLICATION

Check Location:  Creekside  
 Wintergreen Primary

Current School: \_\_\_\_\_

Grade at End of 2023-2024 SY: (circle one) K, 1, 2, 3, 4, 5

DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ Age: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Home/or Cell # \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Home/or Cell # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

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		
<input type="checkbox"/> CS (6-8)	<input type="checkbox"/> CL (14-16)	<input type="checkbox"/> AM
<input type="checkbox"/> CM (10-12)	<input type="checkbox"/> AS	<input type="checkbox"/> AL

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.pittcsr.com](http://www.pittcsr.com)

### 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)

Referring to activities listed in the Parent Guide, is there information we should know regarding your child's participation?  Yes  No If yes, please \_\_\_\_\_

### 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 \_\_\_\_\_