



**Haywood Extended Learning Program**

**Summer Express Application 2017**

**May 30, 2017- June 9, 2017**

**Time: 7:30am to 12:00pm (Class from 8:00am to 11:30am)**

**Current Kindergarten through 11<sup>th</sup> grade students only**

Date received: \_\_\_\_\_ (to be filled out by school secretary)

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Daytime Phone (Mother) \_\_\_\_\_ Cell: \_\_\_\_\_

(Father) \_\_\_\_\_ Cell: \_\_\_\_\_

In case of Emergency, contact: (other than Parent/ Guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My child will make a great Summer Express candidate:

\_\_\_\_ My child is a highly motivated student who loves to learn.

\_\_\_\_ My child is not a discipline problem in school.

My child has permission to participate in any and all activities at Summer Express including field trips taken as part of a class and have photos or videos posted online or in the newspaper of my child. I agree to assume the risks for any accidents incurred during these two weeks.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

You will be notified by phone of your child's acceptance. If you cannot be reached, you will be placed on a waiting list. Classes will be filled on a first-come, first-serve basis. You will find out your schedule the first day of classes. Breakfast and lunch will be served.

**Deadline for Application Acceptance: May 12, 2017**

**Class spaces are limited so please apply soon!!!!!!**

**Summer Express Application 2017**

**May 30, 2017- June 9, 2017 Kindergarten through 11<sup>th</sup> grade students only**

**Kindergarten through 11<sup>th</sup> grade students: STEAM Activities.**

**Science Activities**

**Technology Activities**

**Engineering Activities**

**The Arts**

**Math Activities**

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**My student will need bus transportation. Please circle: Yes No**

**If you child needs Bus Transportation, please fill out the last page!!!!!!!**

- **Breakfast will be served from 7:30am till 8:00am and lunch from 11:30am to 11:55am for any student needing meals.**
- **Please have your child dropped off no later than 8:00am and picked up no later than 12:00pm if you are providing transportation.**
- **List people authorized to pick up your child if you provide transportation.**

**Name: \_\_\_\_\_ Phone#: \_\_\_\_\_**

**Name: \_\_\_\_\_ Phone#: \_\_\_\_\_**

**Does your child have any allergies? \_\_\_\_\_ If so please list: \_\_\_\_\_**

**Does your child have any health conditions that should be known?**

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**Please list all medications taken by your child including EpiPen: \_\_\_\_\_**

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**Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Medical Alert Information: \_\_\_\_\_**

## Statement of Understanding and Permission Statements

Please Initial:

\_\_\_\_\_ My child has permission for photographs, including media releases, which benefit the program.

\_\_\_\_\_ My child has permission to participate in all HELP activities, including field trips and transportation services where applicable. I will be notified of all field trips in advance.

\_\_\_\_\_ I understand that I am responsible to provide accident insurance on my child enrolled and participating in the program.

\_\_\_\_\_ In the event of an emergency, I hereby give permission to the HELP staff to secure proper medical treatment for my child.

\_\_\_\_\_ I understand that all students enrolled in the program are expected to follow the school rules established by the staff and students, for the purpose of safety and smooth operation of the program. The Project Director will contact me if a discipline problem occurs.

\_\_\_\_\_ I understand that if my child misses 3 continuous days of Summer Express that he/she will be put on a waiting list to return to the program.

\_\_\_\_\_ I understand that it is my responsibility to pick my child up by 12:00pm. If my child's ride is late three (3) times, my child will be dropped from the program.

\_\_\_\_\_ I understand that HELP provides bus transportation as an option to get our students home in the afternoon and if my child has two or more discipline referrals on the bus HELP will no longer provide transportation for my child.

The completion of this information form registers my child in the Haywood Extended Learning Program (HELP). It is my responsibility to update the information contained in this form as needed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you need your student to ride a bus, Please fill out the next page!!!!!!!!!!**

## Summer Express Bus Application 2017

May 30, 2017 through June 9, 2017

Kindergarten through 11<sup>th</sup> grade students only

### Bus Application

### Bus Riders Only

Student's Name: \_\_\_\_\_ Race (Optional): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

School Attending: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Special Needs or Medical Conditions that the driver needs to know:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Project Director Signature: \_\_\_\_\_

\_\_\_\_\_

### Note to Parent/Guardian:

Before your child can be transported by any Haywood County School Bus, you must complete this form and turn it in with your child's Summer Express Application. Also, please be reminded of the HELP bus discipline guidelines: if your student gets two (2) bus discipline referrals HELP will no longer provide transportation for your student. We require or request that someone be home when your child arrives or that someone is at the end of street if it is a dead end and turn around not possible. Our drivers have been asked to notate if no one is at home and after the second occurrence, your child may no longer ride the bus.

Cedric Bunch, Director of Extended Learning