**SUMMER PROGRAM REGISTRATION**

**STEAM Locations (Choose one) J.D.Floyd (3rd-5th)  Challenger (3rd-5th)  Moton  Pine Grove (3rd-5th)  Spring Hill (3rd-5th)**

**Please Clearly Print** *information requested below so we may accurately register your child/ren without delay.*

Child’s Full Legal Name: Full Name Date of Birth: Select Date of Birth

Child’s Preferred Name: Preferred Name Age: Age Grade (2022/2023 School Year): Grade

Gender: Gender Student ID Number: Student ID Number Ethnicity: Ethnicity

Home Address: Home Address City: City Zip: Zip

Household Email: Household Email Household Phone: Household Phone

School your child is attending for the 2022/23 school year: Select School

Does your child receive Free or Reduced Lunch?

Is your child ELP?  English Language Proficient?  Not English Language Proficient?

If no, what language is your child proficient in? Enter Language If Applicable

Parent/Legal Guardian Name: Parent Legal Name Date of Birth: Select Date Of Birth

Home Address: Home Address City: City Zip: ZipCode

Cell Phone: Cell Phone Work Phone: Work Phone Other: Other Phone

Ethnicity: Enter Ethnicity

Parent/Legal Guardian Name: Parent/Legal Guardian Name Date of Birth: Select Date Of Birth

Home Address: Home Address City: City Zip: ZipCode

Cell Phone: Cell Phone Work Phone: Work Phone Other: Other Phone

Ethnicity: Enter Ethnicity

**Staff use only… Please fill out completely**

**(please clearly print all information)**

**Registration packet received on: Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child’s Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

Hernando County Education Foundation

 900 Emerson Rd. Brooksville FL 34601

352-797-7313 ext. 0

[www.hernandoeducationfoundation.org](http://www.hernandoeducationfoundation.org)

Emergency Treatment Information (please print clearly)

**Child’s Summer Location Site**: Child’s Location Site

**Child’s Full Legal Name:** Full Name Date of Birth: Select Date of Birth

Custodial Parent/Guardian’s Name: Parent/Custodial Legal Name Relationship: Relationship

Home Address: Home Address City: City Zip: ZipCode

Place of Employment: Place Of Employment Work Phone: Work Phone

Parent/Guardian’s Name (#2): Parent Name #2 Relationship: Relationship

Place of Employment: Place of Employment Work Phone: Work Phone

Health Information: The following information enables us to better protect your child’s health & safety.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

Child Full Name, in the event of an emergency at which time I cannot be reached,

I give my consent to transport my child by ambulance if the situation warrants it.

Child’s Physician: Child’s Physician Phone: Physician Phone

Address: Physician Address City: Physician City Zip: Physician ZipCode

Child’s Allergies: Child’s Allergies

List any medication your child is currently taking: Enter Medications

Insurance Company covering child: Insurance Company Covering Child Policy Number: Policy Number

Does your child have any special needs (physical, medical, dietary, etc.): Enter any Special Needs

If yes, please explain: If Yes, Explain

Does your child have an IEP or 504 Plan?  if yes, please explain: If Yes, Please Explain

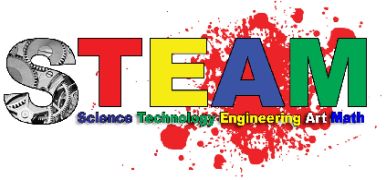
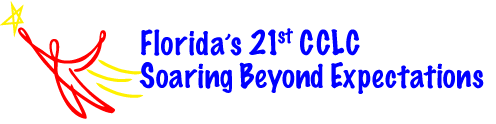
List all identifying scars, birthmarks, skin discolorations, habits, fears, etc…. List Applicable

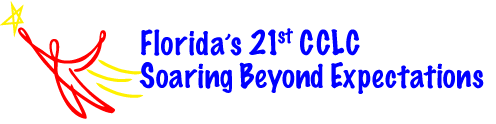
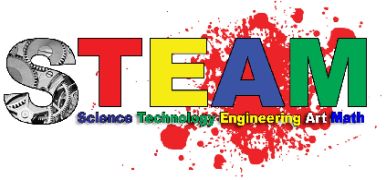
Is there any other information that we need to know in order to best serve your child?   
Enter Any Other Information Below  
Emergency Contact (other than parent): Emergency Contact (Not Parent) Relationship: Relationship

Home Address: Address City: City Zip: ZipCode

Primary Phone: Home Phone Secondary Phone: Secondary Phone Other: Other Phone

Parent/Guardian Signature: Type Name Date: Select Date

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**** **SUMMER CAMP REGISTRATION**

**PHOTO RELEASE:** I give permission for photographs of my child to be used by the Hernando County Education Foundation and the STEAM Program for promotional and/or educational purposes. I realize that neither my child nor I will receive any compensation of any kind for the use of the photographs.

Child Name: Child Name

Parent/Guardian Signature: Type Your Name

**WAIVER & RELEASE:**

In consideration of my child being allowed to participate in the activities and programs of the STEAM summer program, I do hereby waive, forever discharge and covenant not to sue the Hernando County Education Foundation and STEAM and it’s officers, agents, employees, representatives, executors, and all others from any and all responsibilities, liability or negligence for injuries or damages resulting from my child’s participation in any activities or use of equipment or machinery in the above mentioned facilities and programs, or in any activities at said facilities and /or programs

I agree to adhere to all policies set by the HCEF and STEAM Summer Program.

Child Name: Child Name

Parent/Guardian Signature: Type Your Name Date: Select Date

**SNACKS, ALLERGIES, AND WELLNESS**

The STEAM program will provide Breakfast and Lunch to all participants that are present at the scheduled times. I understand that the STEAM Summer program will not provide snack and agree to send my child/ren snack in with them with their name written clearly. \* Please do not send any peanut-based snacks or hot drinks to the program.

**Parent/Guardian Signature:** Type Your Name  **Date:** Select Date

**PERMISSION FOR FOOD RELATED ACTIVITIES AND SPECIAL OCCASION FOOD CONSUMPTION**

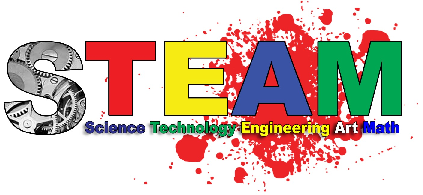
I give permission for my child to participate in food related activities. Please check one of the following:

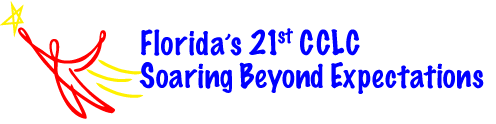
My child DOES NOT have a food allergy or dietary restriction.

My child DOES have a food allergy or dietary restriction. He or she may participate but may not eat or handle the following items (please list below) List Allergies If Applicable

My child DOES have a food allergy or dietary restriction. He or she may not participate in activities. I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that I will keep all parties updated on my child’s food allergy and/or dietary restriction and that this form will remain on file for the entire summer (June 2022-July 2022).

**Parent/Guardian Signature:** Type Your Name **Date:** Select Date

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**Summer Camp Pick Up Authorization List Child’s Summer Location Site:** Enter Location Site of Child

**Child’s Name:** Child’s Name Grade: Grade

#1 Parent/Guardian Name(s): Contact Name Contact Number: Contact Number

#2 Parent/Guardian Name(s): Contact Name Contact Number: Contact Number

Are copies of custody/restraining papers on file for child/ren?

(If so, in order to comply, a copy must be submitted to the program coordinator)

Who has authorization to change/add/delete persons authorized for pick up:   
Pick Up Authorization

The following people aside from the above mentioned are allowed to pick up this/these child(ren):

**\*Please note that ID will be required when picking up your child(ren)**

Name: Name Phone: Phone Date Added/Deleted: Select Date Staff Init.: \_\_\_\_\_\_

Name: Name Phone: Phone Date Added/Deleted: Select Date Staff Init.: \_\_\_\_\_\_

Name: Name Phone: Phone Date Added/Deleted: Select Date Staff Init.: \_\_\_\_\_\_

Name: Name Phone: Phone Date Added/Deleted: Select Date Staff Init.: \_\_\_\_\_\_

Name: Name Phone: Phone Date Added/Deleted: Select Date Staff Init.: \_\_\_\_\_\_

Name: Name Phone: Phone Date Added/Deleted: Select Date Staff Init.: \_\_\_\_\_\_

Name: Name Phone: Phone Date Added/Deleted: Select Date Staff Init.: \_\_\_\_\_\_

Type Name Type Name Select Date

Parent/Guardian Printed Name Parent/Guardian Signature Date



