Student Enrollment Form

Please complete all sections and return to the front office to enroll your child in Beyond the Bell.

INTERSESSION SIGN-UP

Which Intersession? (e.g., Fall, Winter, Spring — see school calendar) _____

School / Campus _____

STUDENT(S) INFORMATION — UP TO 4 STUDENTS PER FORM

List every student in this household who will attend, and check the week(s) each one will be enrolled for.

Student Full Name	Age	Grade	Week 1	Week 2	Week 3
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

PARENT / GUARDIAN INFORMATION

Parent/Guardian Full Name _____

Relationship to Student _____

Home Address _____

Primary Phone _____

Alternate Phone _____

Email Address _____

EMERGENCY CONTACTS (IN ADDITION TO PARENT/GUARDIAN ABOVE)

Contact 1 — Name | *Relationship* | *Phone*

_____ _____ _____

Contact 2 — Name | *Relationship* | *Phone*

_____ _____ _____

MEDICAL & ALLERGY INFORMATION

Known Allergies (food, medication, or other) — note which child if more than one is enrolling

_____

Medical Conditions / Medications Staff Should Know About — note which child if more than one is enrolling

_____

Physician Name | *Physician Phone*

_____ _____

Does any student listed above have an active IEP or 504 Plan?

☐ Yes ☐ No *If yes, please briefly describe accommodations needed:*

_____

TRANSPORTATION

☐ My student(s) will need bus transportation to/from Beyond the Bell.

☐ My student(s) will be dropped off and picked up by a parent/authorized adult.

Bus Stop / Pickup Address (if applicable)

_____

Names of Adults Authorized for Pick-Up

_____

CONSENT & AUTHORIZATION

☐ I give permission for my child(ren) listed above to participate in the Beyond the Bell Enrichment Program, including academic intervention, enrichment (STEAM), Leader in Me activities, and meal service.

☐ I give permission for emergency medical treatment to be sought for my child(ren) if I cannot be reached immediately.

☐ I give permission for my child(ren)'s photo/likeness to be used in program or VISION Foundation materials, newsletters, or social media.

☐ I do NOT give permission for my child(ren)'s photo/likeness to be used for any purpose.

Parent/Guardian Signature *Date*

_____ _____

Printed Name

_____