

2017 ESL Summer Enrichment and Literacy Program

Pre-Registration Form for Pre-Kindergarten – 5th Grade

To pre-register your child for the 2017 English Learner Summer School Program, please complete this form and send it back to your child's ESL teacher by **April 21, 2017**. The summer program will begin on June 5, 2017, and the program will end on June 30, 2017. If you have questions or concerns, please contact Brenda Thompson, Office of Federal Programs, at 601 499-0800. *A "pre-kindergarten" student is a student who will be entering kindergarten in August 2017 for the first time.

Student's Name _____ Grade _____

School your child currently attends _____ Zone: _____ Ridgeland _____ Madison

School your *pre-kindergarten child will attend in **August 2017** _____

Current Age of Child _____ Date of Birth _____

Parent's Name _____ Address _____

City _____ State _____ Zip _____

Telephone Number(s) _____ (Home) _____ (Cell/Work)

THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD FROM SCHOOL:

Name: _____

Telephone: _____ Relationship to child: _____

Name: _____

Telephone: _____ Relationship to child: _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT THE FOLLOWING PERSONS:

Name: _____

Telephone: _____ Relationship to child: _____

Name: _____

Telephone: _____ Relationship to child: _____

Is your child currently taking medication? Yes ___ No ___ Will medication be given at school? Yes ___ No ___

Please list all medication(s): _____

Please check if your child has experienced the following:

- | | |
|---|---|
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Life threatening allergies |
| <input type="checkbox"/> Severe bee sting allergies | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Bone/joint disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other _____ |

Parent Signature: _____ **Date:** _____