

Samuelson Elementary

KINDERGARTEN JUMPSTART PROGRAM

We hope you will sign up for our Kindergarten Readiness Program this summer! It will be held from 9:00 - 11:30 on August 6th & 7th. Please fill out the information below to enroll your child in this exciting *FREE* program.

Student Name _____ Birthdate _____

Parent Name _____ Email _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

EMERGENCY INFORMATION

For your child's safety, please fill out the emergency information below

Doctor _____ Phone Number _____

Dentist _____ Phone Number _____

Hospital _____

Alternate Numbers in Case of Emergency:

1. _____
Name Relationship Phone#

2. _____
Name Relationship Phone#

Medication: YES NO (Please list name and dosage on the back of this form)

Health Condition: YES NO Specify: _____

In case of illness or accident, I request that necessary medical care be instituted. Our physician/ dentist may be contacted in case of medical treatment or as necessary and is authorized to release requested information as needed. The parent/student is responsible for all medical expenses.

Parent Signature

Date