

# Samuelson Elementary Kindergarten Jumpstart Summer Program

July 27<sup>th</sup> and July 28<sup>th</sup>, 2015

9:00-11:30 or 12:00-2:30

We would like to give you an opportunity to sign up for our Kindergarten Readiness Program this summer! Please call (515)242-8441 or email [samuelson@dmschools.org](mailto:samuelson@dmschools.org) with the information below so that we can enroll your child in this free program here at Samuelson. You will need to bring in the activity emergency card (located at the bottom of this page) with you on July 27<sup>th</sup>. Parents sign in at the kindergarten classroom each morning.



Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

\_\_\_\_\_ Yes, my child will attend the July 27<sup>th</sup> and 28<sup>th</sup> session from 9:00-11:30.

\_\_\_\_\_ Yes, my child will attend the July 27<sup>th</sup> and 28<sup>th</sup> session from 12:00-2:30.

\_\_\_\_\_ No, my child will not be attending.

## Activity Emergency Card

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone# \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone# \_\_\_\_\_ Hospital: \_\_\_\_\_

Alternate Numbers in Case of Emergency:

1. \_\_\_\_\_  
Name Relationship Phone#

2. \_\_\_\_\_  
Name Relationship Phone#

Medication: No: \_\_\_ Yes: \_\_\_ Please list name and dosage on the back.

Health Condition: No: \_\_\_ Yes: \_\_\_ 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/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_