



Farrell Area & Sharon City School Districts
21st Century CCLC C.O.O.L. **2018 Summer** Enrollment Form
(Please complete both sides of this form. Please print unless otherwise indicated.)

Please check all weeks you are registering your child for

☐ Monday June 11 - Friday June 15 ☐ Monday July 2 - Friday July 6 (NO COOL on July 4)
☐ Monday June 18 - Friday June 22 ☐ Monday July 9 - Friday July 13
☐ Monday June 25 - Friday June 29 ☐ Monday July 16 - Friday July 20

Each day will run from 9:00 am-1:00pm.

The location will be the school the child is enrolled in for the 2018-19 school year. **Grades 5-9**

Is your child currently enrolled in the COOL after school program? ☐ Yes ☐ No

I. Student Information

Student Name: _____ Birth date: _____

Grade (**2018-19** school year) _____ School: _____

Parent(s)/Guardian(s) Name: _____

Home Address: _____

Home Phone: _____ Alternate/Work Phone: _____

I authorize my child to participate in activities provided by the 21st Century Community Learning Center Summer C.O.O.L. Programs.

X _____
(Parent/Guardian Signature)

II. Medical/Emergency Information

Does your child have any allergies or other conditions that our C.O.O.L. staff should be aware of?

☐ Yes ☐ No

Please Explain:

Is your child currently taking prescribed medication? ☐ Yes ☐ No

Please Explain:

My child's Health Insurance is provided by:

_____ My Health Insurance

_____ School Insurance

Family Physician: _____ Phone: _____

In case of an accident, injury or illness, I hereby authorize the responsible school person to take my child to a physician or hospital emergency room, and I further understand that I will be responsible for all costs associated with said accident, injury or illness.

X _____
(Parent/Guardian Signature)

Emergency Contact:

In the event of an emergency we will attempt to contact the parent/guardian. If we are unable to reach you, we ask that you provide an emergency contact.

Name: _____ Relationship: _____

Address: _____ Phone: _____

****The C.O.O.L. staff is not authorized to dispense medication— Please make alternate arrangements if your child requires medication during the C.O.O.L. program.**

III. Internet Usage Authorization

Use of technology is an integral part of many of our programs. Supervised activities involving use of the Internet are included. Please sign below to allow your child to participate in supervised curriculum related Internet usage. Casual e-mail and use of chat rooms will be prohibited.

X _____
(Parent/Guardian Signature)

****There will be NO transportation to and from the school location for the summer camp program.**

IV. Field Trip Authorization

Our Summer Program will involve field trips and we will utilize transportation provided through a local bus company and district owned vans. For out of town field trips specific advance notice will be provided and permission slips required prior to the scheduled trip.

_____ I authorize my child to be transported by contracted carrier to supervised off-site activities scheduled through the Summer C.O.O.L. programs.

X _____
(Parent/Guardian Signature)