Maryville *Summer Journey*™ 2023 K–8 Enrollment Form

I. Student Information - (please print)

Please use **student's legal name** and **current year** school information

Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

Current Grade Level: _____

Student Address (include physical address if using P.O. Box for mail)**:**

_____

City: _____ State: _____ Zip: _____

Primary Parent #1: _____

Work Phone: _____ Work Place: _____

Cell Phone: _____ E-Mail: _____

Primary Parent #2: _____

Work Phone: _____ Work Place: _____

Cell Phone: _____ E-Mail: _____

Non-Resident Parent: _____

Work Phone: _____ Work Place: _____

Cell Phone: _____ E-Mail: _____

Emergency Contact: _____

Phone: _____ Cell Phone: _____

Ethnicity: (circle one) *Asian/Pacific Islander   American Indian*
Black   Caucasian   Hispanic

Gender: (circle one)   *Male   Female*

Birth Date: _____

Current School: _____

Homeroom Teacher: _____

II. Transportation

Morning Arrival Plan

What is your child's arrival plan?

Bus _____ Walk _____ Attend GO (before-school program) * _____

Dropped off by parent/guardian: _____

Transportation Address (if arriving by bus & different from above):

_____
_____

Afternoon Dismissal Plan

What is your child's dismissal plan?

Bus home: _____

Bus to (address) _____

Walk home: _____

Walk to (address) _____

Picked up by parent/guardian: _____

Anyone else w/ permission to pick up your
child: _____

Attend GO (after-school program)* _____

*To attend before or after-school GO, fees must be paid prior to attendance.

III. Health Information

Health problems or concerns: Yes_____ No_____

If yes, please describe: _____
_____

Is your child allergic to anything? Yes_____ No_____

If yes, please identify: _____
_____

Is your child currently taking medication at school?
Yes_____ No_____

Name of Drug(s): _____
_____

Will your child need medication during *Summer Journey*?
Yes*_____ No_____

Name of Drug: _____

*if yes, child must have a medical form on site.

IV. Parent Consent

By enrolling my child in Summer Journey, I understand that I will be contacted in the case of an emergency. I authorize school personnel to make emergency arrangements necessary to care for my child if I am unable to be reached. I also give consent for my child's picture to be taken and used for advertising and/or promotional purposes.

Parent/ Guardian signature:

_____

Date_____

V. Office Use Only

Bus # _____