



Summer Bridge

August 6-10, 2018 at Student's High School

Summer Bridge 2018 Registration Form

Return to RMS by May 25, 2018

Student: _____ Student cell phone (if applicable) _____

Birth Date: _____ Middle School Attended: _____ Bus Pass Requested (free) _____

Yes or No

Home Address: _____

Parent/Guardian Name: _____

Parent/Guardian Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____
Phone: _____

Health Conditions - Please indicate if any of these or other conditions apply to your child

Asthma Severe food allergy: which food? _____ Diabetes
 Severe bee sting allergy Hearing loss Heart condition Orthopedic condition Speech disorder
 Mobility limitation Autism/Asperger's
 Seizures: Type _____ Other health condition: _____

What treatment do you use for these conditions? _____

Does your student require any medications during the Summer Bridge 1 week camp? _____

Students and Parents: If you fully agree with the statements below, please sign where indicated:

Parents and Students: Student may earn .25 high school credit by attending Summer Bridge every day 9:00-3:00 and meeting all school behavior and participation expectations for the program **AND** attending Freshman Day on Tuesday, September 4th (must attend both for any credit).

Student may earn .5 high school credit by meeting the above conditions **AND** participating in SAIL or Rites of Passage.

Student: I understand that by registering for the Summer Bridge Program, I will attend each day, Monday through Friday, 9:00 am – 3:00 pm August, 6-10th.

Student Signature

Date

***Parents:** I understand that by registering for the Summer Bridge Program, I am committing to ensure (barring any unforeseen circumstances) my child attends the program Monday through Friday, 9:00 a.m. – 3:00 p.m. August, 6-10th.

Parent Signature

Date

***Absences due to illness are excused, but students who attend regularly are more likely to be successful than those who are absent.**