

**Meramec Valley R-III Summer Journey™**  
**2018 K-8 Enrollment Form**

**Don't Delay— Enroll NOW in this FREE program!**

**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: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Emergency Cell Phone: \_\_\_\_\_

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

Gender: (circle one) *Male* *Female*

Birth Date: \_\_\_\_\_

Bus Route: \_\_\_\_\_

Bus Stop: \_\_\_\_\_

Bus Time: \_\_\_\_\_

Current School: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

**II. Transportation**

*Bus Transportation*

Will your child be riding the bus? Yes \_\_\_\_\_ No \_\_\_\_\_

Transportation Address (if different from above):  
 \_\_\_\_\_

*Other Transportation*

Walk \_\_\_\_\_ Car \_\_\_\_\_ Picked up by: \_\_\_\_\_

Daycare: \_\_\_\_\_

Other: \_\_\_\_\_

**III. Health Information**

Health problems or concerns: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child currently taking medication at school?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Drug(s): \_\_\_\_\_

Is your child allergic to anything? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify: \_\_\_\_\_

\_\_\_\_\_

Will your child need medication during *Summer Journey*?

Yes\* \_\_\_\_\_ No \_\_\_\_\_

Name of Drug: \_\_\_\_\_

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

Name and phone number of physician(s):  
 \_\_\_\_\_

\_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of accident or serious illness, I request school personnel to contact me, alternate authorized persons, or the named physician. If it is impossible to contact me, authorized persons, or the physician, the school personnel may make emergency arrangements as necessary to care for my child. Yes \_\_\_\_\_ No \_\_\_\_\_

**IV. Photo Release**

*I will allow any pictures taken of my child during participation in Summer Journey to be used for advertising and promotional purposes. Yes \_\_\_\_\_ No \_\_\_\_\_*

Parent/ Guardian signature:

\_\_\_\_\_

Date \_\_\_\_\_