

Enhancing Education Summer Enrichment Program

Student Name _____ Male _____ Female _____

Address _____

City _____ Zip Code _____

Daytime Phone # _____ Work # _____ Cell # _____

Present Grade Level _____ Date of Birth _____

Teacher _____ School _____

Parent/Guardian _____ Relationship _____

Email Address (Required) _____

Emergency Contact _____

Transportation & Attendance

Will you be able to provide transportation to/from the tutoring site, Raytown Christian Church, if s/he is accepted into the program? ____ Yes ____ No

Please provide dates of other activities your child will be involved in during the tutoring period: July 9-July 27, 2018. (Scouts, Church camps, vacations, etc.) Activity(s): Date(s):

Academic Support Information

Does your child receive special education support? ____yes ____no

Has your child been diagnosed with a disability? ____yes ____no

Has your child been tested for a learning disability? ____yes ____no

Allergy/Health Information

We do provide a simple breakfast and snack, as well as providing each family with lunches from the Raytown Summer Lunch Ministry (enough lunches for each child in the household).

Does your child have any food allergies? _____ yes _____ no

Does your child have any medical conditions that require special care? _____ yes _____ no