

REAP (Recreational & Educational Activity Program) Summer Program of TRSU-CAES

Please complete one form for each child that you plan to enroll in REAP summer program. Return this form to CAES

STUDENT INFORMATION

Name _____ Grade _____ D.O.B _____

Mother's/Guardian's Name _____ Phone _____

Father's/Guardian's Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Parent Email _____ Resident _____ Yes _____ No _____

Please list any allergies, medical problems or other concerns below or on back of form:

Name and Number of child's doctor: _____

Name and Number of child's dentist: _____

RELEASE AND PERMISSION

Please initial each item on the release and permission form and sign below.

☐ I give my child _____ permission to participate in the activities of REAP.

☐ I give consent for my child to be transported to and from any activity included in REAP in the vehicles of any staff member (except teenage staff) of the program. I understand that my child will be wearing a seat belt, riding in a vehicle with current inspection, valid insurance, with a licensed driver.

☐ I give permission for my child to be photographed/videoed as a program participant, and I understand that these photographs, without my child's name, may be used in reports about the program including, but not limited to, the news media, the school's web site, reports to local governing bodies, and reports to the federal government.

☐ I give permission for my child to receive emergency medical treatment deemed necessary during REAP activities.

☐ I give my child's school, the afterschool program, and the recreation department permission to freely share information about my child that will help to make them more successful in each learning environment.

☐ I give permission for my child to swim while enrolled in the program.

☐ I need transportation to camp for my child. Contact brendan.mcnamara@trsuo.org before 6/1

Parent/Signature of Parent of Legal Guardian _____ DATE _____

I will follow all rules, regulations, and guidelines provided by the ASP staff. Furthermore, I understand that any violations of the above may result in my termination from the program.

PLEASE CIRCLE ALL WEEKS YOU WOULD LIKE TO REGISTER FOR

6/20-6/24

6/27-7/1

7/5-7/8

7/11-7/15

7/18-7/22

7/25-7/29

PLEASE WRITE ANY INDIVIDUAL DAYS YOU WOULD LIKE TO REGISTER YOUR CHILD FOR

PLEASE LET US KNOW IF YOUR CHILD WILL BE ATTENDING SUMMER SCHOOL AND TRANSITIONING TO THE ASP SUMMER REAP PROGRAM: _____ Cost: \$25 T-Th \$50 M-Friday

PAYMENT FOR CAMP IS DUE NO LATER THAN MONDAY MORNING DROP OFF. IF YOUR CAMPER HAS NOT PAID, AND NOT IN ATTENDANCE BY 9:00 YOUR SLOT MAYBE GIVEN TO ANOTHER CAMPER.

