Bangor School SUMMER CAMP PROGRAM

ENROLLMENT FORM 2025-2026

4. Emergency Contact Information

In the event of an emergency, please list two people we may contact who know your child and can take full responsibility should you not be available.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

5. Parent/Guardian Consent for Photographs and Internet Use

I give my consent to the Bangor School Elementary District (BUESD) Grant Services Program to photograph my child and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release BUESD from any claims whatsoever which may arise in said regards. ☐ Yes ☐ No

I give my consent to the Bangor School Elementary District (BUESD) Grant Services Program to allow my child to use the internet (AS PER DISTRICT TECHNOLOGY AGREEMENT) under the supervision of Summer Camp staff. ☐ Yes ☐ No

6. Parent/Guardian Consent to Participate in the SUMMER CAMP Program

Children are expected to maintain 100% attendance. Children are expected to attend at least three program hours daily. Students that miss two days, may be dropped from program the remining days available.

In case of an emergency injury or illness, I authorize the Program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the school representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

The program is not responsible for personal items.

A Student/Parent Handbook and Student Technology Policy were distributed at the start of school and are available in the front office. Students are expected to follow all District/School rules during this summer session.

Students must have this application on file with coordinator before attending.

I give my consent for my child(ren) to attend the SUMMER CAMP Program and participate in its activities. ☐ Yes ☐ No

Parent/Legal Guardian Signature_____ **Date**_____

SUMMER CAMP Program (To be filled out by staff)

Start Date:_____ End/Drop Date:_____

Notes: _____

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Today's Date: _____ Voluntary Summer Camp June 9-11, 16-18, 23-25 From: 8-5pm (9 days)

1. Student(s) Information

Name: _____ Birth Date: _____
Grade: 1 2 3 4 5 6 7

Name: _____ Birth Date: _____
Grade: 1 2 3 4 5 6 7

Name: _____ Birth Date: _____
Grade: 1 2 3 4 5 6 7

Name: _____ Birth Date: _____
Grade: 1 2 3 4 5 6 7

Any Allergies/Food/Chronic Illness/Medications? _____

_____

( ) IEP _____ Interests: _____

2. Parent/Guardian Information

Name: _____ Name: _____

Address: _____ Address: _____

Mail: _____ Mail: _____

_____ _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Primary email address: _____

Custody Restriction: Y N Comments: _____

3. Student Pick-up Information: ☐Walk ☐Pick-up Only

Please Note: District transportation only available for field trips.

Please list two people with phone numbers who you give permission to pick-up your child from the program.

Name: _____ Phone: _____

Name: _____ Phone: _____