

ENROLLMENT AGREEMENT

When signing BELOW, this will CONFIRM that you have read the Parent Handbook and understand, agree with, and agree to abide by its contents and each of the following statements.

I am enrolling my child, _____, in the Prices Fork Elementary School Summer Connections Program.

I give my permission and authorization for the staff to get emergency medical care for my child in the event I cannot be reached. _____ (initials)

I/we will be responsible for the payment of medical expenses. _____ (initials)

If the staff notifies me that my child is ill, I will pick him/her up as soon as possible or arrange for another person to do so. _____ (initials)

I give permission for my child to take part in all authorized field trips or neighborhood walks. I agree to pay the fees that pertain to any field trips that I have been given advance notice about. _____ (initials)

I grant permission for my child to participate in the activities and in the use of equipment at Prices Fork Elementary School's Connections Program. _____ (initials)

I grant permission for my child to be included in Prices Fork Elementary School's Connections Program pictures and for these to be used for publicity purposes. _____ (initials)

I have read and understand the Connections Student Conduct and Behavior Policies. _____ (initials)

I understand that the health history form must be completed and turned into the Program Director for my child to be fully enrolled. _____ (initials)

I understand that if payment is not made to Prices Fork Elementary at the specified time, my child may be dismissed from the program. _____ (initials)

I understand if my child is admitted to the program, appropriate social behavior is required for students to continue in the program. _____ (initials)

For further understanding between the Prices Fork Elementary School Connections Program and the parents/legal guardian, I acknowledge that I have read the parent handbook. I also understand my responsibilities and will comply with its policies and procedures while my child attends the Prices Fork Elementary School Connections Program

_____ Date _____

(parent/legal guardian 1)

_____ Date _____

(parent/legal guardian 2)

PFES Connections Summer Program 2023 Registration Form

Please complete this form to hold a space in the Connections Program at Price's Fork for **the Summer of 2023**. You will need to pay a one-time registration fee of \$30 per child; \$50 for two children; and \$10 for each additional child to reserve a slot. If you have been previously enrolled in the Connections program (summer or school year care), you do not need to re-pay the registration fee.

Today's Date	Date of Enrollment	Date of Withdrawal	
Child's Last Name	Child's First Name	Date of Birth	Sex (Circle one) M or F
Child's Home Address		Primary Phone Number	
City	State/Zip Code	Does your child attend PFES? (Circle one) Yes or No	

Child's Grade for 2023-24 School Year	Child's Classroom Teacher for 2022-23 School Year
Child's Likes	
Child's Dislikes	
Favorite Snack	Favorite Activity
Please list any allergies or intolerance to Food, Medication, Bees, etc.	
Please list any foods your child may not or cannot eat	
Are your child's immunizations current? Yes or No Please attach a current copy of both immunization & physical forms used by the Virginia Department of Health	

Parent/Guardian 1 Name	Email
Cell Phone	Work Phone
Parent/Guardian 2 Name	Email
Cell Phone	Work Phone
Brief Description of Child's Living Situation (Who lives in the home, siblings, custody arrangement, etc.)	

Anything else we should know about your child? Please use the back of this page to fill us in!

Emergency Contact and Authorized Pick Up:

In the event of an emergency and you cannot be reached, please list at least 2 emergency contact persons who are authorized to act on behalf of your child.

1. Name	Relationship to Child	
Address	Cell Phone	Work Phone
2. Name	Relationship to Child	
Address	Cell Phone	Work Phone

The following information will allow the Connections Program to release your child to these individuals only. If someone not listed is to pick up your child, YOU MUST SEND A NOTE OR PHONE the Connections Program Coordinator with a name and description of the person. We will ask for proper identification before we release your child.

I agree that the following people may pick up my child/ren. Please notify these people that you have put them on the application. The Connections staff may release my child/ren to the following people:

Please list any and all persons authorized to pick up your child/ren. Complete addresses are required.

1. Name	Address	Phone
2. Name	Address	Phone
3. Name	Address	Phone
4. Name	Address	Phone
Person(s) NOT Authorized to pick up my child/ren*		

* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

CHILD'S EMERGENCY MEDICAL AUTHORIZATION

(To be used in the event of a medical emergency)

Child's Name _____

Date of Birth _____

Parent/Guardian 1 Name _____ Cell Phone _____

Employment _____ Telephone _____

Address _____

Parent/Guardian 2 Name _____ Cell Phone _____

Employment _____ Telephone _____

Address _____

Home Address _____

Primary/Home Phone _____

As Parent or Guardian, I authorize Connections Program Director to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, my child or ward if an emergency occurs when I cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise, I expect to be notified immediately.

1. I will be responsible for payment of medical care expenses.

2. Medical treatment costs are covered by:

a. Insurance Carrier _____

Policyholder _____

Group No. _____ ID No. _____

b. Medicaid Coverage No. _____

c. Other Insurance _____

ID No. _____

d. No Insurance _____

Child's Preferred Physician _____ Phone _____

Child's Preferred Hospital _____ Phone _____

My child is enrolled in the Prices Fork Elementary School Connections Program and I agree to authorize the staff to seek emergency treatment in the event that I cannot be reached.

_____ Date _____

Parent/Guardian Signature

Connections Program Summer 2023 Weekly Sign-up

Child's name: _____

Date: _____

*** If your child will be unable to attend a week they have signed up for, please let us know ASAP so we may give their spot to another child. If you have not registered for a week, and your child needs to attend, you **must** reach out to the Program Coordinator at least 2 business days in advance to check if there is space available.***

Date	Theme	My child will attend...(check one)	
5/30-6/2	Week 1: Pirates Princess, and Cowboys Week	Full Time _____ Part Time _____	Half Days _____ Single Day _____
6/5-6/9	Week 2: Out of this World Week	Full Time _____ Part Time _____	Half Days _____ Single Day _____
6/12-6/16	Week 3: STEM Week	Full Time _____ Part Time _____	Half Days _____ Single Day _____
6/20-6/23	Week 4: Challenge Week	Full Time _____ Part Time _____	Half Days _____ Single Day _____
6/26-6/30	Week 5: Sports Week	Full Time _____ Part Time _____	Half Days _____ Single Day _____
7/10-7/14	Week 6: Time Travel Week	Full Time _____ Part Time _____	Half Days _____ Single Day _____
7/17-7/21	Week 7: Four Seasons Week	Full Time _____ Part Time _____	Half Days _____ Single Day _____
7/24-7/28	Week 8: Splish Splash Week	Full Time _____ Part Time _____	Half Days _____ Single Day _____
7/31-8/4	Week 9: Creative Connections	Full Time _____ Part Time _____	Half Days _____ Single Day _____
8/7-8/11	Week 10: Connections Has Talent Week	Full Time _____ Part Time _____	Half Days _____ Single Day _____

If your child will be attending for single days, half days, part time, or if you are currently unsure, please use this space to provide us with as much information as possible about when they will be attending.