

Lummi Nation School

Phone: (360) 758-4330 Fax: (360) 758-3160

21st Century
Department of Education
Summer School Program 2019
Registration Form
July 8 – August 15

No Summer School July 22 – July 30

July '19						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August '19						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Monday-Thursday 9:00-3:30

8:30-9:00.....Breakfast
9:00-12:00.....Academic Session
12:00-1:00.....Lunch Break
1:00-3:30.....Enrichment Activities

REGISTRATION DEADLINE: May 24TH
LIMITED SPACE AVAILABLE

K-6 program | MS (very limited space for MS)

Lummi Nation School Summer Registration Form

(Please Print)

Today's date:	Current School:	Current Grade (2018-19):
STUDENT INFORMATION		
Last name:	First:	Middle:
		SPED: Check box: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Birth date: / /
		Age:
		Gender <input type="checkbox"/> M <input type="checkbox"/> F
PARENT/GUARDIAN INFORMATION		
1. Last name:		First:
		Cell Phone:
		Email:
		Home Phone:
2. Last name:		First:
		Cell Phone:
		Email:
		Home Phone:
ADDRESS: WHERE STUDENT WILL BE PICKED UP AND DROPPED OFF DAILY		
Street:	Apt. #:	City/State:
		Zip Code
EMERGENCY CONTACTS		
1. Last name:		First:
		Cell Phone:
		Home Phone:
2. Last name:		First:
		Cell Phone:
		Home Phone:
INSURANCE INFORMATION		
Primary Insurance:		
Subscriber Name:		Group #:
		Policy #:
Secondary Insurance:		
Subscriber Name:		Group #:
		Policy #:
<p>The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize LNS 21st Century Summer School or insurance company to release any information required to process my claims.</p>		

Signature:

Date:

SCHOOL HEALTH/MEDICATION FORM

Student Name:	Physician Name:	Physician Address:
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MEDICATIONS

Medication:	Reason for medication:	Medication dose:	Direction for medication:
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Medication taken on site: Yes* No
Directions:

**If yes, you must see the LNS school nurse for a form to take to your physician.*

My child has a life threatening condition – please notify the nurse:
 Yes* No

ALLERGY INFORMATION

Student allergy: <input type="checkbox"/> None <input type="checkbox"/> Food _____ <input type="checkbox"/> Medication _____ <input type="checkbox"/> Environmental _____	Describe allergy: Required treatment: Does student carry a medical device: <input type="checkbox"/> Yes <input type="checkbox"/> No
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WAIVER TO CARRY EMERGENCY MEDICAL DEVICE

The prescribed device is: Inhaler Epi Pen Other:

All emergency medical devices (inhalers, EpiPens, etc.) must be carried on the individual's person or with the nurse, while attending summer school. I, _____, hereby request that _____ be allowed to keep the appropriate prescribed device on his/her person or with the nurse, while participating in summer school.

OTHER HEALTH CONCERNS

Please describe any other health concerns:

AUTHORIZATION FOR EMERGENCY PROCEDURE

I hereby represent that the above information is correct. I am authorized to provide the medical information and release authorization contained herein and agree to release Lummi Nation School and its agents from any and all liability arising as a result of this waiver. If the parents and authorized physician named on the registration record cannot be reached at the time of an emergency and the immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the accompanied child to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.

Signature:

Date:

AUTHORIZATIONS

Student Name:

FIELD TRIPS/STUDENT TRAVEL

I give permission for my child to participate in classroom/school field trips. I also give permission for my child to be transported by Lummi Nation School, J.O.M., Youth Outreach, or LTHC employees as deemed necessary for school or emergency related purposes. I understand that students are expected to remain with the group unless written permission is given by me to do otherwise.

Check box: Yes No

AUTHORIZATION FOR PICK UP

The following people are authorized to pick up my child/children:

Name: Cell phone #:

Name: Cell phone #:

Name: Cell phone #:

Name: Cell phone #:

SUNSCREEN

I understand that I am responsible for supplying sunscreen to my child to be used while at summer school.

Check box: Yes No

PHOTOGRAPHY RELEASE

I give permission to use and reproduce my child's name/image for promotional purposes related to Lummi Nation School and the 21st Century grant.

Check box: Yes No

CODE OF CONDUCT/RULES/EXPECTATIONS

I have read, understand, and have reviewed with my child the Lummi Nation School Policies and Procedures found at: http://www.lummi-k12.org/Kalis_Docs/LNS_Policies_and_Procedures_Updated_DEC_12_2014.pdf.

I acknowledge that my child/children will be subject to all Lummi Nation School's Policies and Procedures while attending the summer school program.

Check box: Yes No

PARENT AUTHORIZATION

I authorize that I understand and have given consent to the above waivers, releases, and permissions.

Signature:

Date:

