



SUMMER REGISTRATION 2016

Homeroom Teacher _____

Student's Identification Number _____ Starting Date _____ Days Attending (circle) **M T W T H F**

Student's Name _____
(Last) (First) (Middle)

Home Address _____ Home Phone Number _____
Date of Birth _____ Race _____ (Circle One) Sex: M or F (Check One) Lunch: _____ Paid _____ Free _____ Reduced

List Related Siblings in school: 1). _____ 2). _____ 3). _____

Child Lives With: Both Parents _____ Mother Only _____ Father Only _____ Guardian _____

Father's Name _____ Phone # _____ Cell # _____ Employment _____ Wk. # _____

Mother's Name _____ Phone # _____ Cell # _____ Employment _____ Wk. # _____

Important: Email Address: 1). _____ 2). _____

Step-Father's Name _____ Phone # _____ Cell # _____ Employment _____ Wk. # _____

Step-Mother's Name _____ Phone # _____ Cell # _____ Employment _____ Wk. # _____

Grandparent's or Guardian's Name _____ Phone # _____ Cell # _____ Wk Phone _____

Any Special Health Problems: Yes _____ No _____ If Yes, Please ask for a PCS Health Form. Parents of students with health problems must meet with the school nurse and the PCLA Site Coordinator before they can begin the PCLA program, and PCLA forms/awareness etc., are in place.

Extra Cost for students who are interested. Classes are provided by Certified Instructors. Please check the following if your child is interested:

Prek-8th Ballet _____ **Prek-8th Taekwondo** _____

Name and Relationship of other adults who have permission to check out/ pick-up the student/child

Name _____ Phone # _____ Name _____ Phone # _____

Name _____ Phone # _____ Name _____ Phone # _____

PARENT SIGNATUR IN ALL (3) THREE AREAS!

I/WE _____, GRANT PERMISSION FOR PHOTO/VIDEO IMAGES AND SOCIAL MEDIA NEWS OF MY ABOVE NAMED CHILD TO BE SHARED WITH MEDIA OUTLET, INCLUDING, NEWSPAPER, TELEVISION STATIONS, AND WEBSITES.

I/WE _____, GRANT PERMISSION FOR THE ABOVE NAMED CHILD TO ACTIVELY PARTICIPATE IN ALL AFTER SCHOOL ACTIVITIES, INCLUDING (ALL) PCLA FIELD TRIPS WITHIN THE PIEDMONT COMMUNITY, AND THE SURROUNDING AREA WITHIN THE STATE OF ALABAMBA.

I/WE _____, UNDERSTAND MY/OUR PARTICIPATION AS PARENT/S IS MANDATORY WITHIN THIS GRANT, THEREFORE ATTENDING MY CHILD'S PROGRAMS AND PCLA MEETINGS/PROGRAMS IS VITAL IN ORDER TO CREATE A SUCCESSFUL UNITY BETWEEN HOME AND SCHOOL, WHICH EMPOWERS MY CHILD, FAMILY AND COMMUNITY.

Voluntary: For emergency use.

*Medical Insurance Name: _____ Policy Holder _____ # _____

Attention: There will be a ONE TIME SUMMER Mandatory Registration Fee of \$35 per one family. (Registration is for all students, no exceptions). Tuition Fee: \$10 a week for one student, (or) \$20 a week for a family with two or more children. (Students who are receiving FREE and REDUCED Lunch Assistance may attend the program free at this time through the 21st Century Grant program, though we ask that parents try to donate towards our program weekly or monthly, if possible to help with sustainability of our program in the future. Students will not be dismissed due to non-payment of tuition. Students can and will be dismissed, due to **LOW ACADEMIC COMMITMENT, BEHAVIOR ISSUES, ATTENDANCE, AND PARTICIPATION.** PCLA is not a babysitting service. We are here to enrich and empower student and family learning opportunities. Students will participate in STEM, art, drama, and reading/math tech programs, as well as field trips. We swim on Fridays for \$1.00, but students must participate during the week to swim on Friday. PCLA follows the PCS Code of Conduct, in addition to the PCLA Handbook. PCLA SUMMER PROGRAM will begin on June 6, and end July 1st. Hours of operation (7:30-5:00). Students will eat breakfast and lunch free of charge daily, but students must bring a daily snack and drink. This includes Fridays, as well. Student registration and tuition fees will be due upon starting the first week, no exceptions. Please send registration fees and tuition fees in an envelope, labeled with your CHILD'S NAME, PCLA, and this year's Grade Level. The PCLA teacher will forward the envelop to the PCLA office located in PES main office. All paid registration and tuition is tax deductible. Please see PCLA Secretary for tax information.

Parent Signature: _____ Date: _____