



# Camp Ready4K Application

(July 9-27, 2018 - 8:30am to 2:30pm - Monday - Friday)



## JCPS Camp Locations

Select Location: \_\_\_\_\_

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Language spoken at home: \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## TRANSPORTATION INFORMATION

Mode of Transportation: \_\_\_\_\_

Note: Mode of transportation must remain consistent each day of the week and throughout entire length of the program.

Transportation Address: (where your child will be picked up and dropped off if riding the bus; if your child will be a car rider or walker then please enter N/A.) \_\_\_\_\_

## FAMILY INFORMATION

Parent/Guardian Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## SPECIAL INFORMATION

Is your child currently a JCPS Early Childhood student? Yes No

Current School: \_\_\_\_\_

List Allergy or Medical Concerns: \_\_\_\_\_

(If no allergies or medical concerns please list none)

Other Information You'd like Us to Be Aware Of: \_\_\_\_\_

## STUDENT BEHAVIOR EXPECTATIONS

\_\_\_\_\_(Initial) I understand that my child will be expected to adhere to the following behavior expectations: Listen when others are talking; follow directions; keep hands, feet, and objects to self; show respect for school and personal property; and work and play in a safe manner.

To ensure that all students have a safe learning environment where instructional time is maximized, it is expected that all Camp Ready4K students will exhibit appropriate behaviors at all times. Any student that fails to follow the behavioral expectations listed above may be withdrawn from the program.

## ATTENDANCE

\_\_\_\_\_ (Parent/Guardian Initials) Daily attendance is a key factor in student academic success. I agree to be a partner in my student's education. My student will be in attendance daily. I understand that attendance will be monitored and can jeopardize my student's placement in Camp Ready4K.

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Date App Received: \_\_\_\_\_ ECH STAFF IN: \_\_\_\_\_

Application Status:  Approved / Date: \_\_\_\_\_  Not Approved / Date: \_\_\_\_\_  Pending / Date: \_\_\_\_\_

Camp Location: \_\_\_\_\_ Teacher: \_\_\_\_\_ Classroom # \_\_\_\_\_

Transportation Car # \_\_\_\_\_ Bus # \_\_\_\_\_ Walker: YES \_\_\_\_\_ NO \_\_\_\_\_

Comments/Notes: