



**SUMMER EXPOSURES "2007"**

June 11<sup>th</sup> – July 26<sup>th</sup>  
Monday - Thursday / 12:30pm – 4:30pm

**Participant Registration Form**

NAME OF STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: *circle one* (C) / (U) ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALTERNATIVE PHONE: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ LAST SCHOOL ATTENDED: \_\_\_\_\_

DOES STUDENT RECEIVE SPECIAL EDUCATION SERVICES? \_\_\_\_\_ Yes \_\_\_\_\_ No

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Does your child have any medical conditions that will require medication administration during program hours?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any medical conditions that may require medical attention during program hours?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any current police or court involvement?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child receive free and/or reduced lunch?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your family receive housing assistance (Section 8, Public Housing)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
*Parent's Name* *Student's Name*

*to participate in the Summer Exposures Program. I understand that this program is a summer initiative and is not intended to take the place of any academic requirements of the Urbana School District.*

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

<b>Registration Fee Paid: (\$25.00)</b> Amount Paid: \$ _____ Method of Payment: _____ Date Paid: _____ Staff Initials: _____
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RETURN COMPLETED FORM TO MS. MITCHELL OR  
TO THE OFFICE AT PRAIRIE SCHOOL.