

## F.A.C.E.S. Summer 2010 Program Registration Form

Monday August 9<sup>th</sup>-Thursday August 12<sup>th</sup>  
Monday August 16<sup>th</sup>--Thursday August 19<sup>th</sup>  
Monday August 23<sup>rd</sup> - Thursday August 26<sup>th</sup>

**Where: Falls City Elementary**

**Time: 9:00 a.m.- 1:00 p.m.**

**Program to include math, science, reading, music, art and lots of fun!**

**Lunch will be provided**

**Note: Bus will not run during summer school**

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Name of Student (Last, first, middle)

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Date of Birth/Grade Level

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Physical address

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Mailing Address (please leave blank if same as physical)

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Name of Parent/Guardian (Last, first)

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Please list student's siblings name and age that they reside with

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Please circle all that apply to your child:  
(Note all information is confidential)

Allergies **Y N**

Please list what type of allergies \_\_\_\_\_

Medical Conditions **Y N**

Please list what type of conditions \_\_\_\_\_

\_\_\_\_\_

Permission

**Y N** I give my child permission to wear sun block

**Y N** I give my child permission to have their picture taken

**IMPORTANT REMINDER:**

**There will not be a bus pick up or drop off for students this summer.**

Please indicate how your child will arrive and depart from the Elementary School (circle)

Walking **Y N** Parent/Guardian **Y N**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date