

**STUDENT REGISTRATION FORM**

#  Location Preference: Please select (√) the site that you would like to register your child.

\_\_\_James Rhoads School \_\_\_ John F. McCloskey School \_\_\_John Wister School

\_\_\_Kenderton Elementary \_\_\_Laura W. Waring School \_\_\_L.P. Hill

\_\_\_OEC Overbrook Educational Center \_\_\_Samuel Gompers

#

***\*Copy of child's last report card is required for acceptance into Summer Reading Program***

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Grade for 2019/20 school year

Address Parent/Guardian Name Relationship to Child Address Phone Number E-Mail

**Emergency Contact Name** Address Phone Number E-Mail

# Person whom child may be released to:

Name Phone Number Name Phone Number Name Phone Number

I, , give my child

permission to walk home without a parent/guardian from the Read to Succeed Program.

I, , give my child

permission to walk to the Free Library of Philadelphia from the Read to Succeed Program.

# Photo Release Permission:

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_ Yes, I give consent for Read to Succeed to photograph my child for program purposes.

\_\_\_\_ No, I do not authorize to photograph for Read to Succeed my child for any event.

# Medical Information about child:

Disabilities (if any) Allergies (including medical reactions) Medical or dietary information necessary in case of emergency

Any other medical conditions

Additional information or special needs of child

I hereby grant the Read to Succeed staff to take my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to get medical treatment in the event of an emergency.

Doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doctor’s phone: ( ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_ Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please initial (Parental/Guardian) below to indicate consent:

Obtaining emergency care Administer minor first aid procedures \_\_\_

**Parent/Guardian Name** (please print)

# Parent/Guardian Signature Date

# How to submit your completed registration form:

* 1. email completed registration form and report card to Read to Succeed at read2succeedphiladelphia@gmail.com
	2. Mail your completed registration form and report card (registration forms will not be accepted without report card) to:

Read to Succeed Summer Program 4220 Main Street, R1

Philadelphia, PA 19127

 **For more information, call 215.995.3188**