

# VCMS Summer Learning Program 2022

PreK - 7th Grade

Vernon Center Middle School

## Registration Form

*\*The VCMS Summer Learning Program will run Monday - Thursday, from June 27th to July 28th, 8:00 AM - 12:00 PM (no school on July 4th). The PreK hours will be 8:00 AM - 10:00 AM. ABL hours will be 8:30 AM - 12:30 PM.\**

### Section 1: General Information

Student Name:		M _____ F _____
Current School:	Current Teacher:	Current Grade:
Parent/Guardian Name(s):		
Cell Phone:	Work Phone:	Email Address:
Address:		
School Attending in September 2022: _____		Grade in September 2022: _____

### Section 2: Emergency Contact/Health Information

Emergency Contact Name (other than parent/guardian):	Relationship to Student:	Phone:
Physician Name:	Physician Phone:	
List any allergies:		
List any other health concerns to be aware of:		
Other information you feel would help us instruct your child:		

### Section 3: Registration Information

No payments are necessary if your child is attending any of the VCMS Summer Learning Programs

#### Program 1: VCMS Summer Learning Program

- Pre-K
- ABL Elementary
- Elementary Aged (students currently in grades K-5)
- Middle School Aged (students currently in grades 6 or 7)

Check here if your child is participating as part of PPT recommendation\*

**\*See reverse pages for sections 4 and 5. Incomplete forms may be returned\***

### Section 4: Transportation

\*Please indicate preferred transportation and **initial** selection. *Bus routes are attached.* Any changes in transportation must be made with the Discovery Program office staff.\*

**Walk**

My child has **permission to walk home** from Vernon Center Middle School (*in accordance with Vernon Board of Education Policy #3541.5. A copy of this policy is attached and can also be obtained through Vernon Public Schools website or by visiting your school's main office.*)

Parent/Guardian Initials: \_\_\_\_\_

**Bus**

- My child will be **taking the bus to** the VCMS Summer Learning Program
- My child will be taking **specialty transportation** to the VCMS Summer Learning Program

Bus # \_\_\_\_\_ Bus Stop # \_\_\_\_\_

- My child will be **taking the bus home from** the VCMS Summer Learning Program

Bus # \_\_\_\_\_ Bus Stop # \_\_\_\_\_

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- My child has permission to **walk home from the bus stop**

**OR**

- An adult on the emergency contact list will **meet my child at the bus stop**

Parent/Guardian Initials: \_\_\_\_\_

**Pick-up**

My child will be **picked up from** the VCMS Summer Learning Program.

Please provide the contact information below for the person(s) who have permission to pick up your child:

**Name:**

**Phone #:**

**Name:**

**Phone #:**

Parent/Guardian Initials: \_\_\_\_\_

### Section 5: Student Behavior & Attendance Expectations

We are happy to include your child in the VCMS Summer Learning Program. In order to ensure that our short time together is productive, all students will be expected to be respectful of the teachers and other students, as well as be regular and punctual in attending.

Disruptive behavior during any part of the program, including transportation to and from summer school, will be grounds for immediate dismissal from the program. Parents/Guardians will be notified if it is necessary to exclude a student.

Please sign below to indicate your awareness of this procedure.

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

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

#### Office Use Only

Approved: \_\_\_\_\_

\_\_ F/R \_\_ IEP