

Statewide K-8th Grade Summer Enrichment Program For Deaf and Hard of Hearing Students



June 11 –June 23th, 2017

Application/Registration Form and Money (Due Tuesday May 23rd)
Cost: \$50-Make Checks Payable to KSD Summer Enrichment Program

Student _____ M ___ F ___ Age _____ Birthdate _____ T-shirt Size _____

Race _____ Grade Student will be entering in the Fall _____ School and District _____

Parents/Guardian _____

Address _____

Street

City, State, Zip

County

Home Phone (_____) _____ Cell (_____) _____ Parent(s) Work (_____) _____

Email/Pager _____ Other Emergency # _____

Emergency Contacts _____

Name, relationship

Phone

General Medical Information

Allergies, health problems/concerns _____ Date Last Tetanus _____
Shot _____ Date of Last MMR _____

Medications presently being used _____

My child is ___deaf ___hard of hearing. ___ My child uses hearing aids ___ cochlear implants ____. If yes, how many? ___

Preferred Mode of Communication ___ASL ___Signed English ___Oral Other (ie: Sim Com, Cued Speech, Pidgin, CASE)

Please read each statement and mark appropriately. Consent for the statements is represented by your signature.

In the event that my student should have an injury or medical emergency, I give my permission for them to receive proper/necessary care from a health official employed or representing KSD. Furthermore, in the event that a medical emergency should occur and I cannot be contacted, I give my permission for a school representative to arrange for ambulance service to the nearest medical facility. I also give permission for the staff or the medical facility to render treatment which is considered necessary for the student's well being. ___YES ___NO

My student has my permission to be transported in school vehicles to attend activities. ___YES ___NO

My student has my permission to be photographed and/or videotaped. ___YES ___NO

Photos and/or my student's work can be placed on KSD's website and/or published in articles about the Summer School Program. ___YES ___NO

Please send the completed form **by Tuesday, May 23rd** to:

Email:

barb.snapp@ksd.kyschools.us

Barb Snapp Kerr Hall
KSD K-Grade 8 Summer Enrichment Program

Phone (voice) 859/936-