



SUMMER VACATION EXPLORATION 2017 Enrollment and Information Form

Learner Name: _____
(Last) (First)

Address: _____

City: _____ State: _____ Zip: _____

Birthdate of Learner: _____ Gender: _____ Grade 2017-2018: _____

Student t-shirt size (circle one): Youth S Youth M Youth L Adult S
Adult M Adult L

Parent/Guardian#1: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian#2: _____

Address: _____

Cell Phone: _____ Work Phone: _____

CAMP REQUESTED: EACH LEARNING CAMP IS \$75.00 FOR EACH LEARNER**

Young Learners (Age 5-6) SPACE STATION VACATION

Elementary (Age 7-8) MAD SCIENCE SPY CAMP

Upper Elementary (Age 9-11) CODE, CREATE, ANIMATE!

Middle School (Age 11-13) ROLLER COASTERS, WHOA!

**** (Please note: The Middle School learners will have the option of a field trip to Cedar Point at the conclusion of the camp. The fee for this optional field trip is \$42.00)**

MEDICAL ALERT INFORMATION

BACK-UP EMERGENCY INFORMATION

Emergency contacts will be called if the parent/guardian cannot be reached.

#1 _____
Contact Name _____ Relationship _____

Phone Number _____ Alternate Phone Number _____

#2 _____
Contact Name _____ Relationship _____

Phone Number _____ Alternate Phone Number _____

Does the learner have any medical conditions that may impact participation in the camp experience?

No

Yes (Please explain):

Allergies: Please list any known allergies/reaction the learner may have (including food, pollens, scents, or dyes)

Medication:

Will medication need to be administered during the camp hours?

No

Yes (If Yes, an authorization to administer medication at school must be completed by prescribing physician and turned into the school office, along with the medication.)

PLEASE NOTE: No medication, prescription or non-prescription, may be sent to school with the learner without the authorization form. No learner may carry their own medication during the camp hours, unless prescribed by qualified healthcare professional (including inhalers and Epipens.)

Will medication be stored at school during the camp week?

No

Yes (If Yes, all medication must be in the original container, clearly labeled with the learner's name, and sealed in a resealable plastic bag, also clearly labeled with the learner's name.)

**AUTHORIZATION FOR ILEAD SPRING MEADOWS TO
SEEK EMERGENCY MEDICAL TREATMENT**

In the case of an emergency, (I) (We), the undersigned parent(s)/guardian(s) of

_____ do hereby authorize iLEAD Spring Meadows to act as agent for the undersigned to consent to any x-ray treatment, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of our aforesaid agent to give specific content.

In case of emergency: May the school secure paramedic assistance to transport your child to the hospital?

Yes

No (Please explain):

Parent/Guardian Signature

Parent/Guardian Signature

Date



Permission Forms

In order to streamline our paperwork process, iLEAD has a 2-page permission form for three specific areas. Please sign all the areas that apply to your child. Thank you!

Learner's Name: _____

Press Release Permission

The use of photography and/or recording of students is often used as educational and promotional and may appear in yearbooks (print and digital), online such as iLEAD's Facebook page, in school brochures, and in other outlets. iLEAD Schools students may be interviewed and/or photographed by representatives of the external news media covering our school events.

I grant iLEAD Spring Meadows permission to use my child's and my family's likeness in print, electronic and video format in any and all publications during school, before and after school for school related purposes and activities, for the purposes of instruction, promotion and education of and about iLEAD Schools, including publication to internet websites, brochures, videos, and any media not listed here. Additionally, I waive any right to royalties or other compensation arising or related to the use of the likeness.

I hereby hold harmless and release iLEAD Schools from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf have or may have by reason of this authorization. This consent shall remain effective unless revoked in writing to iLEAD Schools.

I hereby certify that I am the parent or guardian of:

named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

X _____
Press Release-Parent Signature

Date

Walking Field Trip Permission

Throughout the school year, teachers plan a number of walking field trips to locations near the campus. The trips are an outgrowth of learning activities and are essential to the program at our school.

I give permission for my child to participate in walking field trips and other activities as designed and/or approved by the iLEAD staff, which will occur off campus.

X _____
Walking Field Trip Release-Parent/Guardian Signature

Date



Permission Forms (continued)

Learner's Name _____

Computer/Internet Permission

iLEAD School is pleased to offer its students high-speed access to the internet. The Internet is a worldwide communications network through which students may communicate with other Internet users through text, graphic and audio transmission. iLEAD uses the internet as one of its primary sources of information and education.

In addition to enabling direct communication between users, access to the Internet enables students to explore thousands of libraries, databases and bulletin boards, which exist on computer servers around the world. iLEAD's sole intent in providing access to the internet is to further educational goals and objectives. Students and parents are warned that users may, either intentionally or unintentionally, access text, graphic and/or auditory information, which is pornographic, sexually explicit, illegal, defamatory and otherwise offensive to the user or others. Access to the above material is strictly prohibited and iLEAD School has taken action to prevent students and staff access to the above-mentioned material, including the use of blocking software and firewalls. However, because of the changing nature of information on the Internet, it is impossible for iLEAD School to completely prevent access to such material. It is therefore the responsibility of students and parents to set appropriate standards, concerning the access and use of material contained on the internet.

I am the parent or legal guardian of the below named student.

("Student")

I hereby grant permission for Student to access the school computers and Internet. By signing this Agreement, I agree I will take no legal action, now or in the future, against iLEAD Spring Meadows, its Governing Board, officers, administrators, teachers, employees and volunteers at iLEAD School caused by, or resulting from Student's access to the Internet. I hereby release iLEAD School from any liability, whatsoever which may arise as a direct or indirect result of Student's access to the internet.

I am the parent or legal guardian of the above-named ("Student"). I hereby grant permission for Student to access the school computers only.

X _____
Computer/Internet Permission-Parent/Guardian Signature

Date