



# EdVenture Club-Summer Program

## Family and Child Information Form

**Full Name of Child** \_\_\_\_\_ **Current Grade** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Birth Date** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Age** \_\_\_\_ **Attends School at** \_\_\_\_\_

**EdVenture Club Site Attending** \_\_\_\_\_

**Please list & describe any special needs of your child** such as behaviors, health or medical concerns, allergies, medications, etc. \_\_\_\_\_

(Note: As a District 728 program, our Community Education Edventure Club- Summer staff can share any necessary information with other district staff that will assist them in providing the best experience for your child.)

**Primary Account 1** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_ **Child Lives With** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City & Zip** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Primary Account 2** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_ **Child Lives With** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Home Address (if different then above)** \_\_\_\_\_

**City & Zip** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

In the event of an emergency and we are not able to reach a parent, please provide the name and phone number of at least one Emergency Contact Person and/or person Authorized to Pick up your child.

Name and Relationship to Child (Must be 18 years of age)	Telephone Number	
		<input type="checkbox"/> Authorized to Pick Up <input type="checkbox"/> Emergency Contact
		<input type="checkbox"/> Authorized to Pick Up <input type="checkbox"/> Emergency Contact
		<input type="checkbox"/> Authorized to Pick Up <input type="checkbox"/> Emergency Contact
		<input type="checkbox"/> Authorized to Pick Up <input type="checkbox"/> Emergency Contact

**Return Form to: Community Education, 1170 Main St., Elk River, MN 55330**

**Fax 763-241-3521 Phone 763-241-3544**

**Email: [edventureclub@isd728.org](mailto:edventureclub@isd728.org)**

**Website address: <https://www.isd728.org/communityeducation>**



## Parent Compliance Agreement

### EdVenture Club- Summer Program

**THIS FORM MUST BE ON FILE AT COMMUNITY EDUCATION**

Yes  No *I have read, understand and agree to abide by the policies stated in the EdVenture Club-Summer Parent Handbook and will support the work of the staff in following these same rule/procedures on site. Additionally, we strive to provide accurate and up-to-date information. Content may become inaccurate as a result of developments after the program year begins. In the event of any policy change, parents will be notified.*

Yes  No *My child may have his/her picture and/or name in publications, presentations, newspaper articles, brochures, social media (including Facebook) and other related publicity promoting District 728 Community Education programs.*

Yes  No *My child may have supervised use of the computer and internet as part of the District 728 Community Education EdVenture Club enrichment program.*

Yes  No *I agree to allow my child to join in supervised walks or attend scheduled bus trips/outings both on and off School District 728 property with the class as part of the program.*

Yes  No *I understand and agree that cancellations will be made with EdVenture Club office staff in writing by 9:00am Thursday of the week **prior** to planned attendance change or in order to receive a credit or refund. (Email is preferred) Emails will include my student's name(s) and the dates and/or type of care that I am cancelling, as well as my contact information. I understand cancellations received after the deadline, are not eligible for refund, credit or transfers. Additionally, any changes resulting in additional charges must be submitted using the paper calendar form and include the appropriate payment. I also understand **same-day or same-week cancellations are not refundable, regardless of circumstance (illness, death in family, family emergency, hospitalizations, etc.).***

Yes  No *I understand that this is a pay-in-advance program. Minimum schedule and payment is one week paid in advance, by the deadline. I may choose to schedule more than 1 week at a time. I understand that only those who have fully paid in advance for their week(s) by the deadline will be considered registered and may attend. I further understand that late schedule/payment may not be accepted if sites are full or if the registration deadline has passed.*

*Furthermore: I understand that all schedule/payment requests received after the deadline will be placed automatically on a wait list, regardless of the reason for late registration. Once the deadline has passed, staffing will be solidified for the students that have scheduled by the deadline and if there available space for my student I will be notified of approval and attendance options which may include a late fee.*

**I understand that the ISD 728 School District and Community Education cannot be held responsible for unforeseen circumstances or events that may occur during this time. I understand that the Community Education staff will use their best judgment and training in providing a safe experience for all of the participating students while leading such activities.**

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_ Rev 3/2019