

Pitt County Schools Summer Enrichment Program

Start Date: _____



2025 SUMMER ENRICHMENT APPLICATION

Withdrawal Date: _____

Check Location:

☐

Ridgewood

Current School: _____

☐

Wintergreen Primary

Grade at End of 2024-2025 SY: (circle one) **K, 1, 2, 3, 4, 5**

DOB: _____

Child's Name: _____

MALE

FEMALE

Age: _____

Parent #1 Name: _____

Home/or Cell # _____

Parent #2 Name: _____

Home/or Cell # _____

Mailing Address: _____

Street/P.O. Box

City

Zip Code

Email Address: _____

Registration Fees

\$ _____ Cash/Credit Receipt No: _____

\$ _____ Check Check No: _____

T-Shirt Size (Check One)

Sizes must be accurate, a \$10.00 fee is charged to re-order

☐ CS (6-8)

☐ CL (14-16)

☐ AM

☐ CM (10-12)

☐ AS

☐ AL

Parent's Initials

I have read and fully understand the Parent Guide, Discipline Policy, Child Care Laws, payment fees and rules and regulations of the program. I agree if dropping from the program, I am required to give a two week PAID notice, and I will not receive a refund if my child(ren) is dismissed from the program.

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD IF I AM UNABLE TO DO SO:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I understand that I must send a note in advance when someone other than those listed above will be picking up my child(ren).

Only original applications accepted. Enrollment is first-come, first-serve. A **\$35.00 nonrefundable registration fee** must accompany all applications. Applications can be turned in at Pitt County Schools After School office located at JH Rose JROTC bldg, 600 W. Arlington Blvd, Greenville, NC 27834. For more information, call 252-321-3643 or visit our website at www.pitt.k12.nc.us (under Student Services)

EMERGENCY INFORMATION - MUST COMPLETE

Mother: Place of Work: _____ Phone: _____

Father: Place of Work: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Can be someone from the pick-up list

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Preferred Hospital: Vidant Medical Center (Please change if other than Vidant)

List medications being taken regularly: _____

List any allergies your child has: _____

(If this information changes please update form with your teacher)

Referring to activities listed in the Parent Guide, is there information we should know regarding your child's participation? Yes No If yes, please

PITT COUNTY SCHOOLS SUMMER ENRICHMENT PROGRAM PARENT CONSENT FORM

I hereby give consent for my child to participate in the Pitt County Schools Summer Enrichment Program. The information provided on this application is correct and complete. While I realize that all precautions will be taken to guard my child from injury, I will not hold Pitt County Board of Education, PCS After School Program or program staff responsible for accidents that may occur. I agree that the operator may authorize the physician of his/her choice to provide emergency care.

Occasionally, we may take photographs of the children in our program. We may use these images in printed publications or on our website. We will not release any personal details or names in our publications or website. I hereby

GIVE DO NOT GIVE my consent for my child to be photographed for the reasons stated above.

Parent/Guardian Signature

Date

