

GATEWAY SCIENCE ACADEMY  
**SUMMER SCHOOL PROGRAM**  
**May 30 - JUNE 26, 2018**  
REGISTRATION FORM

Dear Parents,

The Gateway Science Academy **Summer School Program** is for GSA students who are going to be in grades Kindergarten through 6<sup>th</sup> grades in 2018-2019 academic year. The program is planned to offer classes from 8:00 AM to 2:30 PM.

Please fill out the form and submit to GSA administration.

**Student Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First MI

Gender:  Female  Male Grade in 2018/2019: Please check the appropriate box.  
 Kindergarten  2<sup>nd</sup> Grade  4<sup>th</sup> Grade  6<sup>th</sup> Grade   
 1<sup>st</sup> Grade  3<sup>rd</sup> Grade  5<sup>th</sup> Grade

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Additional child(ren) participating from the same household:  
 1. \_\_\_\_\_ Grade: \_\_\_\_\_  
 2. \_\_\_\_\_ Grade: \_\_\_\_\_  
 3. \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent / Guardian Information**

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Last First M.I.

Address:   
 Check the box and skip if same as above  
 \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

# GATEWAY SCIENCE ACADEMY

## Emergency Contact Information

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

## Consent and Liability Waiver

I, \_\_\_\_\_ (parent/guardian), am the parent or legal guardian of \_\_\_\_\_ (student). As lawful consideration for my child being permitted to participate in the ASE Summer School Program;

- ✓ I understand that all school rules and regulations apply during the daily operation times of summer school as described in the school handbook.
- ✓ I allow GSA staff to have access to my child's records as GSA administration permits in order to maintain an efficient and fast communication with me when necessary.
- ✓ In case of an emergency and when GSA staff is not able to reach me or other parent/legal guardian of my student, I allow GSA staff to make the best possible decision about my child's well being.
- ✓ I understand and agree that I am responsible for the damage caused by my child's use to the equipment and materials as well as school properties.
- ✓ I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

**PICTURE RELEASE:** I also agree that GSA may use my child's photograph and videos in future promotions.

**Please state otherwise, if you do NOT want to give consent on picture/video release:** \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_