

Participant: _____, _____ M. Initial
Last Name First Name

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian 1: _____ Phone 1: _____

Phone 2: _____

Parent/Guardian 2: _____ Phone 1: _____

Phone 2: _____

In Case of Emergency, if we are not able to contact Parents/Guardians:

1. _____ Phone 1: _____
Relative or Neighbor

Phone 2: _____

2. _____ Address: _____
Primary Doctor

Phone: _____

3. _____ Address: _____
Primary Hospital

Phone: _____

Please share any medical issues we should be aware of (include food allergies):

Please share any learning differences you believe we should be aware of:

**Please initial the permissions and sign and date community expectations below.
Please review behavior expectations with your child.**

___ I give permission for my child to participate in all field trips

___ I give permission for my child to be photographed and for images to be used in future SPSS
Community Education promotional materials

___ I give permission for the SPSS Community Education staff to provide primary care if my child is
injured during the program day.

St. Paul Public Schools Community Education programs are designed to provide engaging hands on learning opportunities. Youth are part of a learning community that is built in individual classes, full and half day programs. Consequences for not following expectations include: time out, call home and/or removal from programming. Our community expectations for staff, families and participants are:

- Be respectful of self, others and property
- Listen
- Cooperate
- Participate
- Have fun
- Be on time

I have reviewed the community expectations and agree to support the program staff in maintaining a safe, engaging environment for all participants. Further, I have reviewed these expectations with my child.

Printed Name (Parent/Guardian): _____

Signature: _____

Date: _____

