



**Who:** Children/Youth (Completed Grades EK-8)  
**When:** Monday – Thursday June 15 – July 23  
**Program:** 8:15 a.m. – 12:15 p.m.  
**Where:** Nevada Middle School  
**What:** Breakfast, Learn, Fun, and Lunch!

Sign-up today! This form must be returned to any of the Nevada School offices by **April 5th, 2020.**

Child's Name: \_\_\_\_\_

Child's Grade **Just Completed** (2019/2020 School Year): \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

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

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

My child's medical concerns (food allergies, etc.): \_\_\_\_\_

My child has an IEP during the school year: Yes:  No:

My child has a one-on-one associate during the school year: Yes:  No:

Transportation **may** be provided if your child does not live within walking/biking distance of Nevada Middle School. You must register by **April 5<sup>th</sup>** in order to be considered for transportation.

My child will need a ride:

My child will be picked up:

My child will walk/bike:

***If your child will need transportation to or from an address other than the one listed above, please provide the following:***

Caregiver's Name: \_\_\_\_\_

Caregiver's Address: \_\_\_\_\_

Caregiver's Phone: \_\_\_\_\_

Pick-up from:  Drop off at:  Both:

By signing this form, I hereby consent that photographs, videos and/or interview information of my child by United Way of Story County staff or agents or by members of the news media may be used by them or assignees for the purpose of illustration, teaching, publicity, or publication in any form.

**\*\*My child will attend at least 85% of the program (21 out of the 24 days) in order to effectively reduce summer learning loss.\*\***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provided by Nevada Schools, United Way of Story County, YSS, and other partners.  
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