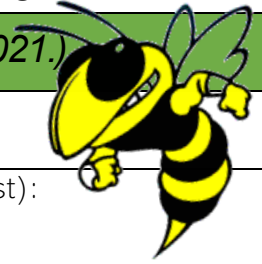


THRIVE in THE HIVE—It's Summer Learning Time!

Enrollment Information *(Please return completed by March 31, 2021.)*



Grade:	
Student Name (First and Last):	Parent/Guardian Name (First and Last):
Home Address:	Email Address:
Home Phone:	Cell Phone:
Emergency Contact Name: (This person has permission to pick up your child.)	Emergency Contact Phone Number:
Allergies:	Medication:
Face-to-Face (circle one) Yes or No Online (circle one) Yes or No	<i>For Online option only</i> <input type="checkbox"/> School Device <input type="checkbox"/> School Hotspot <input type="checkbox"/> Student has own technology

Transportation *(Face-to-Face option only)*

Walker: ___AM ___PM Car Rider: ___AM ___PM Bus: ___AM ___PM
 Daycare ___AM ___PM Name: _____ Phone Number: _____

I give permission for my child to participate in THE HIVE'S Extended Learning Time. I understand that my child will participate June 7th – 24th (Mondays – Thursdays only) from 8-12.

Parent/Guardian Name (Print): _____ Date _____

Parent/Guardian Signature: _____ Date: _____

For office use only

Teacher: _____

Date Received _____

Notes: _____