



PLEASANT VIEW NON-SCHOOL DAYS REGISTRATION

Please return this form to the school main office
ELOP Contact: Jessica Luna 559-788-2002 jluna@pleasant-view.org

STUDENT INFORMATION

Student Name _____ Student ID# _____
First Name MI Last Name

Home Address _____
Street Address City State Zip Code

Home Phone _____ Cell Phone _____

E-mail Address _____ Student Gender: Male Female

Circle grade level student most recently completed: TK K 1 2 3 4 5 6 7 8

CONTACT INFORMATION

Parent(S) /Guardian(S) Name _____
First Name MI Last Name

Home Phone _____ Work/Cell _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Number _____ Alternative Contact Number _____

MEDICAL INFORMATION

Does your child have any allergies? YES NO If Yes what are they? _____

I give permission to the PVESD ELOP Program to take whatever emergency measures are judged necessary for the care and protection of my child(ren) while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency team deems it necessary. It is understood that in some medical situations the PVESD ELOP School staff will need to contact the local emergency resources before the parents/guardians, the child's physician, and/or other adults acting on the parent(s)/guardian(s) behalf are notified. I understand that any expenses incurred will be borne by the child's family.

Parent/Guardian Signature: _____ Date Signed: _____

PERMISSION INFORMATION

Picture Policy

I give permission to PVESD ELOP school program to published any or all pictures of my child taken during the duration and conducting of this program. YES NO

Field Trips

I give permission for my child to participate in the field trips during the school program. YES NO