



La Plaza Office:  
8902 E. 38th Street  
Indianapolis, IN 46226  
(317) 890-3292 Fax: (317) 898-4397

**SUMMER DISCOVERY 2017 REGISTRATION FORM**  
**June 19 through July 21, 2017**

**STUDENT INFORMATION**

**Student Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
Gender: M\_\_\_ F\_\_\_ Race: Hispanic\_\_\_; Afr.-Amer\_\_\_; Asian\_\_\_; Caucasian\_\_\_; Native Amer\_\_\_; Other) \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: S M L XL  
Month Day Year  
Student's Country of Birth: \_\_\_\_\_ Parent's Country of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
School's name: \_\_\_\_\_ Grade that child will enter in **Fall 2017**: \_\_\_\_\_  
How many children (siblings) are you registering? \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
Gender: M\_\_\_ F\_\_\_ Race: Hispanic\_\_\_; Afr.-Amer\_\_\_; Asian\_\_\_; Caucasian\_\_\_; Native Amer\_\_\_; Other) \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: S M L XL  
Month Day Year  
Student's Country of Birth: \_\_\_\_\_ Parent's Country of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
School's name: \_\_\_\_\_ Grade that child will enter in **Fall 2017**: \_\_\_\_\_  
How many children (siblings) are you registering? \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
Gender: M\_\_\_ F\_\_\_ Race: Hispanic\_\_\_; Afr.-Amer\_\_\_; Asian\_\_\_; Caucasian\_\_\_; Native Amer\_\_\_; Other) \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: S M L XL  
Month Day Year  
Student's Country of Birth: \_\_\_\_\_ Parent's Country of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
School's name: \_\_\_\_\_ Grade that child will enter in **Fall 2017**: \_\_\_\_\_  
How many children (siblings) are you registering? \_\_\_\_\_





For what condition? \_\_\_\_\_

What extra services does your child receive at school (ESL, Special Education, Title I, etc.)? \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Membership #: \_\_\_\_\_

### FEES

Payments may be made in full or in weekly installments. The first payment is due at time of registration. **All remaining payments are due on the Friday before the week of attendance.** Program fee includes breakfast, lunch, a snack, all materials, classes, field trips, etc. **\*\*\*NO REFUNDS WILL BE GIVEN FOR PARTIAL WEEK ATTENDANCE\*\*\***

- First child \$225.00 (**\$45** per week)
- Second child (only siblings) \$150.00 (**\$30** per week)
- Third child or more (only siblings) \$100.00 (**\$20** per week)

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FIELD TRIP, MEDICAL, AND PHOTOGRAPHIC RELEASE PERMISSION

I give permission for my child to go on field trips provided by La Plaza, Inc. for the Summer Discovery Program.

I understand transportation for field trips will be provided by a contracted bus company and the La Plaza bus. I will not hold La Plaza, Arts for Learning Indiana, or program partners responsible in the event of an accident or other unforeseen emergency. I authorize La Plaza staff to seek the necessary medical attention for my child in the event of a medical emergency. I also agree to assume all responsibility for medical costs that may occur in such a situation.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

I consent and authorize La Plaza, Inc., Arts for Learning Indiana and program partners to use and reproduce photographs and videotapes that may be taken during the Summer Discovery Program for publicity purposes.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TRANSPORTATION CONSENT

I \_\_\_\_\_ do hereby consent that my son/daughter, \_\_\_\_\_ will use the following form of transportation for the Summer Discovery program:

\_\_\_\_\_ I will pick-up and drop-off my child from the school site daily.

\_\_\_\_\_ My child will ride the bus from La Plaza to the school site daily. I understand I am responsible for dropping off and picking up my child at La Plaza by the designated time. *Seats on bus are limited. You must confirm that a seat on the bus is reserved for your child.*

I will not hold La Plaza or program partners responsible in the event of an accident or other unforeseen emergency that occurs when being transported by La Plaza vehicles or contracted school buses. I authorize La Plaza staff to seek necessary medical attention for my child in the event of a medical emergency. I also agree to assume all responsibility for medical costs that may occur in such a situation.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY CONTACTS / PICK-UP LIST



**MISCELLANEOUS INFORMATION**

**In case of an emergency**, or if the designated person cannot be contacted to pick up my child, I hereby authorize the following person(s) for emergency notification and/or to pick up my child: ***In addition to the parents/guardians listed above, only people listed below will be able to pick up your child unless you contact us.***

1) Name: \_\_\_\_\_ Relation to child (mother, father, grandparent, etc): \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Relation to child (mother, father, grandparent, etc): \_\_\_\_\_

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

3) Name: \_\_\_\_\_ Relation to child (mother, father, grandparent, etc): \_\_\_\_\_

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

4) Name: \_\_\_\_\_ Relation to child (mother, father, grandparent, etc): \_\_\_\_\_

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

Is there anyone who may NEVER pick up your child that we should be aware of? (Please provide any necessary information in addition to the name.) \_\_\_\_\_

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Please provide any additional information which you feel La Plaza needs to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Summer Discovery 2017  
Registration Instructions**

Thank you for your interest in registering your child(ren) in our Summer Discovery program. There are two ways to submit your registration form to La Plaza:

- 1) Mail the registration form and first week's payment to La Plaza at  
La Plaza Summer Discovery Program  
8902 E. 38th Street  
Indianapolis, IN 46226
- 2) Come to the La Plaza office at 8902 E. 38<sup>th</sup> Street, Indianapolis 46226 to drop off the form and payment at the front desk.



\*A space will not be reserved for your child until we receive the **completed application** and **first week's payment**.

\*Payments received by mail will be accepted by check or money order made out to 'La Plaza.' Payments made in person at the La Plaza office will also be accepted in cash.

If you have any questions, feel free to call La Plaza at (317) 890-3292.

Thank you,  
Miriam Acevedo  
President & CEO  
La Plaza, Inc.  
(317) 892-3292

**OFFICE USE ONLY:**

Pd Wk 1\_\_\_\_\_ SD grade\_\_\_\_\_

Health Alert\_\_\_\_\_