

## Your child is invited to participate in 2018 Summer Enrichment Camps for little or no fee!

Edina Community Education and Edina Give and Go are providing an opportunity for eligible students to participate in youth enrichment camps this summer.

Space is limited and registrations will be taken on a first-come, first-serve basis.

To participate please complete both sides of this form and return to your school office or Edina Community Education (address below). Refer to the Youth Summer Catalog or go online to <u>edinacommunityed.org</u> to see the listing of camps.

You will receive a confirmation once registered.

| PLEASE FILL OUT THE FOLLOWING INFORMATION*   |  |  |  |  |  |
|--|--|--|--|--|--|
| Number of individuals in your household:   |  |  |  |  |  |
| Gross household income (before taxes):   |  |  |  |  |  |
| * Eligibility is determined by household size and income criteria used by the Minnesota Child Care Assistance Program.   |  |  |  |  |  |
| <ul> <li>By registering for these classes, I give permission for myself and/or my child to be included in photos or videos of activities<br/>that may be used by Edina Community Education, Edina Give and Go, and Edina Public Schools for any media coverage<br/>printed or electronic.</li> </ul> |  |  |  |  |  |
| • By signing this form, I verify that my income level stated above is accurate to the best of my knowledge.  |  |  |  |  |  |
| Signature of parent/guardian registering youth participant:  |  |  |  |  |  |
| Date:  |  |  |  |  |  |

## **Guidelines and Limitations:**

- Eligible participants must be currently enrolled in Edina Public Schools and entering grades 1-8.
- Financial assistance is up to **\$650 per child** for the summer session.
- Not all classes are eligible for financial assistance. Some restrictions may apply.
- Assistance cannot be granted retroactively. Funds must be requested before a class begins.
- If you cancel fewer than 5 business days before the class starts or choose not to attend, the amount of the class will count towards your \$650 limit for the summer session.
- Attendance is highly encouraged to gain the most benefit from the class.
- Transportation, snacks, and supplies are not provided. If you need assistance filling out this form or are in need of resources in these areas please contact the Edina Resource Center at 952-848-3936 or contact@edinaresourcecenter.com

## **REGISTRATION DEADLINE: March 22nd, 2018**









5701 Normandale Road | Edina, MN 55424 | Phone: (952) 848-3952 | Fax: (952) 848-3951 | comedu@edinaschools.org

## **Registration Form**

• You will be responsible for any fees beyond the granted amount (up to \$650).

• If you are registering for a morning and afternoon camp at the same site during the same week, register for lunch bunch below for each week you need it. Send a bag lunch and beverage and we will provide supervision from 12-1 pm and escort children to and from their camps.

Date:

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- If your child is in a camp that begins at 9am and in need of care before camp (8am-9am) or in afternoon camp ending at 4pm and in need of care after camp (4pm-5pm), mark "Yes, before/after care" next to the eligible camp.
- Fill out one form per child.

| Participant Name   | :                      | Birthdate:   |                     |                        |  |
|--|------------------------|--|---------------------|------------------------|--|
| School:  |                        | Entering Grade in Fall 2018:_                                      |                     | Ale Female             |  |
| Camp #:  | Camp Title:            |  | Fee \$              | Yes, before/after care |  |
| Camp #:  | Camp Title:            |  | Fee \$              | Yes, before/after care |  |
| Camp #:  | Camp Title:            |  | Fee \$              | Yes, before/after care |  |
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| Will your child be   | enrolled in Success    | (Mon-Thurs, 9 am -12 pm, Ju  | ly 23 - Aug. 10) ?  | 🗌 Yes 🗌 No             |  |
| Parent /Guardian Name: Relationship:   |                        |  |                     |                        |  |
| Address:   |                        |  | City:               | Zip:                   |  |
| Phone: Other Phone:  |                        |  |                     |                        |  |
| Email Address fo   | r Confirmation:        |  |                     |                        |  |
| Please list anything we need to be aware of so participants can be successful in the program (asthma, allergies, special needs, etc.): |                        |  |                     |                        |  |
| Emergency Cont   | act (other than parent | /guardian above - required):                                       |                     |                        |  |
| Name:  |                        |  |                     |                        |  |
| Phone:   | Other Phone:           |  |                     |                        |  |
| Please c   |                        | ce Center if you need additional<br>ter: 952-848-3936 or contact@e |                     |                        |  |
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For internal use Date Received: