



PO Box 2129 3601 Country Club Blvd Sioux City IA 51104  
Phone: 712.277.3600 Fax: 712.277.3610

SIoux CITY - 2010 SUMMER REGISTRATION FORM

Desired Summer School Program Site (circle one): **West Middle** Leeds Elementary East Middle  
My Child Receives: Free Lunch Reduced Lunch Full Lunch

**Student's Information - Only One Child Per Registration Form :**  
**PLEASE PRINT**  
Child's Name \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: Male Female Race \_\_\_\_\_  
School: \_\_\_\_\_ Grade 2009/10 yr: \_\_\_\_\_  
\_\_\_\_\_ check if child is **Pre-Kindergarten** (Entering Kindergarten in Fall, 2010)  
Did child attend Kindergarten Registration at a Sioux City School?  
\* If yes, which school: \_\_\_\_\_

**PARENT'S INFORMATION:**  
1 Mother's Name: \_\_\_\_\_  
First Last  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
PO Box/Street \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Phone: \_\_\_\_\_

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2 Father's Name: \_\_\_\_\_  
First Last  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\*\*If different PO Box/Street \_\_\_\_\_  
than Mother's Cell Phone: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Does Child lives with?** Both Parents Mother Father  
(Please circle which applies) Mother & Step father Father & Step mother

**LEGAL GUARDIAN'S INFORMATION - If different from parent**  
Name: \_\_\_\_\_  
First Last  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
PO Box/Street \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Are there any custody or restraining orders on persons who may attempt to pick up or have



**Health Record**

Allergies or Restrictions: \_\_\_\_\_

Operations or Illnesses: \_\_\_\_\_

Behavior or Special Disorders: \_\_\_\_\_

Please list any Medications: \_\_\_\_\_

Will Beyond the Bell be responsible for administering medication to your child: Yes No

*\* If yes, please complete the "Medication Request for Staff to Administer Medication to my Child " form.*

Are there any other medical or behavioral issues that Beyond the Bell staff should be aware

of? *\*If yes, Please explain:* \_\_\_\_\_

**Hospital of Choice** (check one)

\_\_\_\_\_ Mercy Medical Center  
801 5th Street  
Sioux City IA 511012  
(712)279-2010

\_\_\_\_\_ St Luke's Regional Medical Center  
2720 Stone Park Blvd  
Sioux City IA 51104  
(712)279-3500

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_



**Physician's Information:**

**MANDATORY - Must Be Completed**

Family Doctor/Center -Must complete

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone: \_\_\_\_\_

Family Dentist/Center -Must complete

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone: \_\_\_\_\_

Medical or Dental Specialist

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone: \_\_\_\_\_

In the event that I am unreachable and my child requires medical, surgical or dental care, I hereby give permission for Beyond the Bell staff and the doctor's and dentist's of the clinics listed to administer medical treatment. I also agree to pay all costs and fees in conjunction with these treatments. Every effort will be made to notify parents in case of an emergency. This form will be presented upon admission for treatment,.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**BEYOND THE BELL FINANCIAL POLICY**

I understand that I am responsible for the full fee of this program and have filled out a financial aid form if needed. The fee for the six week summer programs is \$440.00. Weeks cannot be purchased individually. Children receiving reduced price school lunch are charged a reduced rate rate of \$220.00, and children receiving free school lunch are charged a reduced rate of \$110.00. Beyond the Bell is an eligible DHS day care provider. All fees must be paid in full no later than **June 19, 2010** unless alternate payment arrangements have been made in advance. All fees are non-refundable. A pre-payment discount of \$25.00 will be applied if **payment is received by June 16, 2010.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Return completed form to: **Beyond the Bell PO Box 2129 3601 Country Club Blvd**  
OR **Fax: (712)277-3610** **Sioux City IA 51104**

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