



Summer School Registration Form
July 12th - August 5th, 2021
M-Th 9:00am-2:00pm

Scholar Information:

First name Last name

Birthdate (month/day/year) Grade in fall 2021 Current School Sex
M F

Home Address

Parent/Guardian 1 Primary Phone #

Parent/Guardian 1 Email Work Phone #

Parent/Guardian 2 Primary Phone #

Parent/Guardian 2 Email Work Phone #

Health Problems/Allergies: _____

Medications (taken regularly): _____

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Summer School Emergency Information

Scholar Name: _____

_____ Health Insurance Carrier
name Policy Number

_____ Name of Policy Holder Doctor's Name Doctor's Phone #

Additional persons Permitted to take the scholar from school:

Name Relationship to scholar

Phone Number

Name Relationship to scholar

Phone Number

I certify that the information on this form is complete and accurate. As parent/guardian of the child registered above, I release Fostering Leadership Academy (FLA) and individuals, from liability in the event of personal injury or accident caused to the scholar while they are attending the program or on or off of the school grounds. Scholars will not be permitted to leave early without a written and signed note from the parent/guardian. I agree to inform FLA in writing of any changes in the mailing address or contact number(s). I understand that FLA does assume responsibility for payment of physician or any medical or dental services. However, in an emergency the school may choose a physician. In an emergency, I give FLA and/or any school official permission to have my child receive medical treatment. In addition, I read, understand and will abide by the policies and procedures of FLA Summer School.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

WHERE EDUCATION IS TRANSFORMED

EMPATHY.
EMPOWERMENT.
EDUCATION.



Summer School Blanket permission Slip
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I hereby give my permission for my child, _____, to attend activities out of and away from the school building with the Summer School program at Fostering leadership Academy. Transportation via school or MCHS vehicle or walking – no personal vehicles will be used except in extreme emergencies. I understand that information will be given to me regarding any scheduled field trips or special activities and this information will be available on an individual activity basis.

Signature of Parent/Guardian

Date

WHERE EDUCATION IS TRANSFORMED

26645 W. SIX MILE, REDFORD, MI 48240

PHONE: (313) 531-4060 | FAX: (313) 531-1040

FOSTERINGLEADERSHIP@MCHSMI.ORG