LIFT Summer Program

Student's Name: _____Date: _____

Which LIFT location will your child attend? (**Circle one): Lincoln City Newport Toledo Waldport**

Birthdate_____ Will your child be attending Kindergarten next year? **Yes No**

Child's Parents/Guardians Name(s):

_____

Phone number_____

Alternative phone number (in case we can't reach you with first one) _____

E-mail: _____

Address:

How would you like to be contacted regarding your child's enrollment in the program? (Circle one)

Email Phone call Text mail

- Has your child attended Preschool before? **Yes No** If yes, Where? _____
  - For how long (one year, 3 months etc…) _____
- Has your child received services from Early Intervention/Early Childhood Special Education? **Yes No**

I understand and agree that the following is a condition for my child's participation:

- I understand the program operates July 23rd-August 16th, Monday-Thursday. I agree that my child will attend at least 85% of scheduled days Initial_____ Date_____
- Participants are expected to follow all LCSD Behavioral Guidelines. Initial_____ Date_____
- I give permission for photographs of my child to be used to promote activities of LIFT *(optional).* Initial_____ Date_____
- I understand LIFT may provide snacks. Please list all food restrictions:_____ Initial_____ Date_____

Health Information / Permission to Provide Emergency Care

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Doctor's Name: _____

Phone: _____

Food Allergies…… Yes ☐ No ☐

Is emergency care authorized? ……. Yes ☐ No ☐

May school contact doctor in case of emergency? …….. Yes ☐ No ☐

May school release student to emergency contact person? …….. Yes ☐ No ☐

May school transport student in an emergency? …… Yes ☐ No ☐

Please check any current or ongoing problems:	Serious Allergy ☐	Asthma ☐	Heart Disease ☐	Diabetes ☐	Seizure Disorder ☐	Other ☐

Please Describe:

_____

_____

If serious health problems exist, please explain what care would be needed for your child during the time they are at the program (9:00-12:00, Monday-Thursday).

_____

_____

_____

Parent/Guardian Signature Date

Please tell us about your child: ***This information will help us determine how to best support your child's success in the program, answers will not be used to determine a child's placement in the program.***

Please check the box that best describes your child's behavior	**Most of the Time**	**Sometimes**	**Rarely/Never**
Can your child settle him/herself down after periods of exciting activity?			
Does your child do what you ask them to do?			
Can your child stay with activities they enjoy for at least 10 minutes (not including watching TV)?			
Can your child move from one activity to the next with little difficulty, such as from playtime to mealtime?			
Does your child follow rules (at home, at child care, in a group setting?			

Other things we should know about your child or family:

_____

_____

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Emergency contact person and/or those **designated** to pick up my child/children:

Name			
Relationship to child			
Home Phone		Work Phone	

Name			
Relationship to child			
Home Phone		Work Phone	

Will your child need bus transportation to and/or from the program? Yes No
If yes, please complete the attached T-4 Transportation form. Bus transportation cannot be provided without a completed and signed T-4 form.

Demographic Questions:

Please check any community Resources you use:	WIC	Head Start	EI/ECSE	OHP	SNAP	Other: _____
	☐	☐	☐	☐	☐	☐

Have you had temporary or inadequate housing in the last 12 months (including shared housing due to economic hardship, motel, shelter, camping, car, trailer, or substandard housing)? **Yes No**

Your Child's Race/Ethnicity: _____ Your Race/Ethnicity: _____

Applications are due by Friday June 1st

- You can turn in your completed application at the following locations:
  - Oceanlake Elementary School
  - Yaquina View Primary School
  - Toledo Elementary School
  - Crestview Heights Elementary School
  - Lincoln County School District Office- 459 SW Coast Hwy, Newport
- You can also scan your completed application to: lauren.sigman@lincoln.k12.or.us

Due to high enrollment numbers we cannot guarantee your children will be enrolled in the program, a staff person will contact you by June 15th to let you know of your child's enrollment status, and share other important information about the program.

If you have any questions please contact: Lauren Sigman- 541-270-2456, lauren.sigman@lincoln.k12.or.us

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