

M.O.R.E. (My Opportunity for Remediation and Enrichment)  
A 21<sup>st</sup> Century Learning Center Grant Program  
**SUMMER ENRICHMENT PROGRAM**

STUDENT APPLICATION-Return to school by May 30

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

Medication(s) Taken:

\_\_\_\_\_

Allergies: \_\_\_\_\_ EPI-PEN? \_\_\_\_\_

Permission to treat student in case of a medical emergency and no parent is available?  
YES\_\_\_ NO\_\_ (if no, who is emergency contact? \_\_\_\_\_)

Insurance Information:

Policy Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group ID: \_\_\_\_\_

People who are authorized to pick student up:

\_\_\_\_\_

\_\_\_\_\_

Does student require bus service? YES \_\_\_ NO \_\_\_

If "YES" please specify location if different from home address. (Bus stops will be group stops based on enrollment)

\_\_\_\_\_

My child would like to attend:

\_\_\_\_ June 19-23

\_\_\_\_ June 26-30

\_\_\_\_ July 10-14

\_\_\_\_ July 17-21