**Section 4: Student Information**

#### A separate form must be completed for each FCPS Middle School student. Parents/guardians must register their child(ren) to be eligible to participate.

**Please print legibly:**

**Student's FCPS # number** ------

### Student's FCPS School in Fall - 2019-2020

### ---------------------------------------Family Physician:

### Phone: ---------------

**Other Information:**

Allergies: bee stings insect bites foods

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: Grade (in fall): \_Sex: \_

Other:

---------------

Street Address: ------------

City: State: Zip: \_

Name of Parent/Guardian: Medication:

#### Name/Type: \_

For: ----------------

Daytime Phone:--

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-Restrictions: -------------

\*Required Email: -----------

Emergency Contact Name & Phone: **(Required)**

Name of Child's Current School: ------

Public Private parochial home school

Child will *be:*

####  Walking biking transported by FCPS bus to program.

My child is on an IEP (check one) Yes No

**Other Health Related Information:**

**Please check the box for the program dates your teen will be attending the VIP camp:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Week l** | July 1 - July 5(Closed on July 4 and July 5) |  | **Week 4** | July 22- July 26 |
|  | **Week 2** | July 8 - July 12 |  | **Week 5** | July 29 –August 2(Closed on August 2) |
|  | **Week 3** | July 15 - July 19 |  |  |

**You will be contacted via email or telephone to confirm your child's acceptance or position on the waitlist**

**Section 5**

\*Child Sport Preference Information

Please indicate you r choices by selecting 4 different activities in the order of preference:

First Choice (select one) Second Choice (select one)

 \_\_\_\_\_\_\_\_\_\_\_\_Basketball \_ Basket ball

 Flag Football Flag Football

 Mixed Sports Mixed Sports

 Soccer Soccer

Third Choice (select one)

 Basket ball

 Flag Football

 Mixed Sport

 Soccer

Fourth Choice (select one)

 Basket ball

 Flag Football

 Mixed Sports

 Soccer

Please indicate your T-Shirt Size Please select one:

**\_\_\_\_\_\_\_ XS \_\_\_\_\_\_\_\_S \_\_\_\_\_\_\_\_\_\_M \_\_\_\_\_\_\_\_\_L \_\_\_\_\_\_\_XL**

**\_\_\_\_\_\_\_\_2XL \_\_\_\_\_\_\_\_3XL**

It is recommended that you discuss participation selection with your child to ensure a pleasurable camp experience.

A confirmation of your teens' enrollment status will be mailed /emailed. Please make sure you bring the confirmation on the first day of camp on **(Monday, July 1).**

You will be contacted via **\*email** to confirm your child's acceptance or position on the waitlist

**Section 6**

**SIGNATURE PAGE**

Please check all boxes of the sections you have read:

Section 1: Program Days and Hours of Operation

Section 2: Policies and Procedures

Section 3: Rules of Conduct

Section 4: Student Information

I certify that my child and I have read and understand all policies and procedures of the V.l.P. Teen Summer Camp packet which are associated with the operation of the V.l.P. Teen Summer Camp program and have been made aware of the Twain V.l.P. Teen Summer Camp program rules, including **FCPS Student Rights and Responsibilities and FCPS Bus Rules.**

Student Name (Printed) \_

Student Signature \_ Date \_

Parent/Guardian Name (Printed) \_

Parent/Guardian Signature Date \_

I hereby grant permission for my child to participate in the Twain VIP Camp for the 2019-20 school year. This program is sponsored by Fairfax County Public Schools and the County of Fairfax and is staffed by FCPS teachers and staff, County of Fairfax staff, and contractors. I understand that participation by my child is completely voluntary, and that some of the planned physical activities may expose my child to some potential injury. I agree that, to my knowledge, my child is physically and medically able to participate in these activities. If any injuries do occur to my child, I also understand that school and County personnel will respond in the same manner that occurs during regular school hours.

Parent/Guardian Signature Date \_

Return this Sections (4-6) and the Student Information page to your local middle school After School Specialist.