

EPIC Registration Form

Student Name: _____

Grade _____

Address: _____

Home phone # _____ Parent cell phone # _____

Parent email: _____

FULL year unlimited attendance: Tuition \$100.00 (checks payable to RPS ATTN: EPIC)

Do you need financial assistance to access the EPIC school year? Yes No

Our family requests a reduced rate ___75.00 ___\$50.00 ___other

Health problems/illnesses: (BE SPECIFIC; include any limitations and instructions)

Allergies: Please list allergies and instructions:

Does your child take Prescription Medications: No Yes

Medication: _____ Frequency: _____ Dosage: _____

ANY medication that is to be given during summer program must be provided to the Site Coordinator with physician's written order written on the bottle. Including inhaler or Epipen

Permission to administer: _____ Pain Medication _____ Antacid _____ Cough Preparations

Physician _____ Dentist _____

In case of accident or illness, I request the Tapestry/EPIC Program to contact me. If not able to reach me, I hereby authorize personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense. We/I give permission for our child to leave the school building for activities/field trips sponsored by EPIC. A calendar specifying the trips will be given to student and available through the site coordinator. We/I give permission for my child to be in photographs and video clips taken during programs that will be used as displays, appear in the newspapers or on PEG TV and at after school functions and on the school website. We/I give permission for Rutland Public Schools and Rutland Central Supervisory Union to share information regarding my child with the EPIC Program. We give permission to the EPIC Program to use student data in reports, grants, and other formats. Students are not individually identified in the reporting process. We/I understand it is our responsibility to request a scholarship or make payments directly to the EPIC program and will be charged for the contracted days that we/I have requested.

This enrollment allows the child to sign up for programs throughout the school year. Sign-ups for particular session/courses will be open at each site through the site coordinator listed below.

Name of Parent _____

(Please print) Parent

Signature _____ Date _____

**Return forms to: Audrey Tilden @PHS
Nancy Spalding-Ness @RMS;**

**Heather Spaulding Gale @WRS
Kate Herlihy @ RHS**

