



July 12 - August 12
Monday-Thursday
12:30-2:00pm
@Myers-Wilkins

The Wolf Den Summer Program

for Myers-Wilkins Community School students entering 1-5th grade

A place to call home, where you can play, learn, and grow!

Student-centered social, emotional, & cultural enrichment through arts & recreation!

A free program. Lunch provided, transportation *not* provided.

To Register:

Register Online at www.duluthcsc.org/register

OR

Fill out this form and sign it. Then scan or send photos of the form by text or email to 218-393-6238 or nd.angelina.peluso@isd709.org -Please call, email, or text if you need help!

REGISTRATION FORM *Required fields in bold

Student Information-----

Student First Name _____ **Student Preferred Name:**_____

Student Last Name _____ **Birth Date** ___/___/___ **IEP?** _____

Grade Entering in Fall 2021 _____ **Did you qualify for free/reduced lunch in 20/21?** _____

Special Needs or Allergies? Yes No If yes, please describe: _____

Primary Legal Guardian Information-----

First Name _____ **Last Name:** _____

Relationship to student _____ **Primary Phone #**_(_____)_____- _____ **Text?** _____

Secondary Phone #_(_____)_____- _____ **Text?** _____ **Email Address** _____

Secondary Legal Guardian Information-----

First Name _____ **Last Name:** _____

Relationship to student _____ **Primary Phone #**_(_____)_____- _____ **Text?** _____

Secondary Phone #_(_____)_____ - _____ Text?____ Email Address_____

Primary Emergency Contact/Authorized Adult-----

OK for this person to pick up your child from the program with a photo ID? Yes No

First Name_____ Last Name:_____

Relationship to student_____ Primary Phone #_(_____)_____ - _____ Text?____

Secondary Phone #_(_____)_____ - _____ Text?____ Email Address_____

Secondary Emergency Contact/Authorized Adult-----

OK for this person to pick up your child from the program with a photo ID? Yes No

First Name_____ Last Name:_____

Relationship to student_____ Primary Phone #_(_____)_____ - _____ Text?____

Secondary Phone #_(_____)_____ - _____ Text?____ Email Address_____

Student Pick-Up, Photo Release, Restrictions, & Other Unique Family Information-----

Transportation IS NOT provided for this program. *Staff are *not* available to walk students home from our summer program. **Students must walk home or be picked-up at Myers-Wilkins DOOR 3 no later than 2pm each day.**

Please check below how your student will be transported:

_____ My child will walk home from the program at 2pm

Details about child walking home:_____

OR

_____ My child will be **dropped off/picked up** by any of the adults checked below
(and nobody else, unless directly communicated by guardian to staff.)

- Guardians listed above
- Emergency Contacts listed above
- Other Adult with photo ID- Full Name:_____

Duluth Community School Collaborative staff are considered “school officials” of ISD709 and have access to Infinite Campus information about students. DCSC staff are required by law to keep this information private and confidential unless you say it’s

okay to share. **If there is information in Infinite Campus pertaining to legal restrictions of contact with your child, those restrictions will be enforced during this program.**

If you have additional or new legal restrictions for contact that are not yet in Infinite Campus, you must provide copies of legal orders for protection to program staff in order for us to call police for violations of these orders.

Does this child have any current legal restrictions of contact? Yes No

If yes, please describe: _____

Is there other information you'd like to be sure we know about your family/home situation? Yes No

If yes, please describe: _____

Do you give permission for DCSC to share photos or videos with other participants' families of this student participating in program activities for our end-of-the-summer slideshow/video?

Yes No

Do you give permission for DCSC to use photos of this student to promote our program in print and on the internet (DCSC website, Facebook, etc)?

Yes (if Yes, named, or anonymous? _____) No

Evaluation & Survey Consent-----

Duluth Community School Collaborative collects information about students so we know how well our programs work. We will ask you and your student to do surveys about your experience with the program. You can choose for you and your student to not do the survey, but we hope you will, because it helps us make the program better. We may share what you say on surveys, but we will not say any names.

Do you give permission for your student to do the program surveys? Yes No

Release of Liability & Full Program Participation Agreement-----

By signing below I confirm I am the legal guardian of this student, I am registering them to participate in the whole program.

By signing below I confirm I have received a copy of the parent handbook and I agree to support this student to follow the rules and expectations listed there, including COVID safety rules.

By signing below I release the Duluth Community School Collaborative, any program partners they bring in, and the Duluth School District and its transportation services of all liability for accident or injury. I give permission for, and will be liable for costs of, the program staff to send the above named student in an ambulance in the case of a medical emergency if it is advised by paramedics and I and my emergency contact have been called and are unavailable.

By signing below I confirm I have access to the ISD 709 Student Handbook online and agree that while my child is in this program they will follow the anti-harassment policy (page 45). I know that everyone involved, including staff and guardians, has the right to

file a formal harassment complaint (page 95) with the district if they've been a victim of violence or harassment.

Legal Guardian Signature _____ **Date** _____

Youth Signature _____ **Date** _____