

**The Widener Memorial School**

1450 West Olney Avenue

Philadelphia, PA 19141

215-400-3710

If you wish to answer “**NO**” to Widener Memorial School’s summer program offer, check the **NO** box and print in your child’s name, sign at the bottom of the application and return it with your child to the teacher by **Friday April 12, 2024.**

If you are answering “**YES**” to the Widener Memorial School’s summer program offer, please check off the **YES** box, fill out the application below completely, sign it and return it with your child to the teacher by **Friday April 12, 2024.**

**NO**, I do **not** want my child to attend this summer program. Please do **not** enroll. [  ]

**YES**, I do want my child to attend this summer program. Please enroll my child. [  ]

**CHILD’S NAME:** \_\_\_\_\_ **ROOM:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **ID NUMBER:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**PICK-UP ADDRESS:** \_\_\_\_\_

**DROP-OFF ADDRESS:** \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

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

**PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

I UNDERSTAND THAT BUS TRANSPORTATION SERVICES WILL **NOT** BE PROVIDED FOR MY CHILD IF THIS APPLICATION IS **NOT** RETURNED TO MY CHILD’S TEACHER BY **Friday April 12, 2024.**

PARENT’S/GUARDIAN’S SIGNATURE: **X** \_\_\_\_\_