

Name of participant: _____

In order to have a successful program for the children, we need to have an understanding of requirements of parents and youth. Please read the following information and sign.

All children need to return this form to participate in the program. Please return this form along with the \$35.00 fee (checks made payable to Florence County Extension) and remember space is limited, so **register early!**

As a responsible parent/guardian, I agree to the following:

- ◆ To have children to the program at 9:00 a.m. each day, and pick them up promptly at 2:00 p.m. each day, rain or shine.
- ◆ To inform staff one week in advance if your child will not be attending.
- ◆ To discuss polite and respectful behavior with children to assure a successful program.
- ◆ Provide child's medication, instructions and completed health form to staff.
- ◆ I give permission to have my child consume foods.
- ◆ I give permission to have my child ride a school bus for the purpose of Food, Fun & Fitness programming.

I hereby agree and certify the following:

- ◆ To release the Summer Food, Fun & Fitness Program and all partners from any and all claims and liability of personal injury or property damage due to participation of this program.
- ◆ That my child is in good health and is able to participate.
- ◆ If attention is required for illness or injury, I give my permission for such care.
- ◆ I give permission to have my child treated for a First Aid emergency on the scene or if necessary transported to the nearest medical facility.
- ◆ I give permission for my child to have sunscreen & bug spray put on.
- ◆ I grant 4-H Youth Development, UW - Madison Division of Extension, and the University Board of Regents the right to publish and copyright my image (including audio, moving image, or photography) for educational programs, websites, and promotion of its programs. ☐ Yes ☐ No

Parent/Guardian Signature _____

Date _____

Please fill out both sides & return

FOOD, FUN & FITNESS

**CELEBRATES
25 YEARS**



Sponsored by:

UW Madison-Florence County Extension, School District of
Florence County, Florence Co. Human Services,
Florence Co. Land Conservation, Florence St. Vincent DePaul,
& DPI Summer Food Service Program



Free

Breakfast 8:30-9:30 am
Lunch 11:30 am-12:30 pm

For anyone <18 years old per the USDA Summer Food Program



Location:

Florence Elementary School
Mondays and Wednesdays
rain or shine:

9:00 a.m. to 2:00 p.m.

June 19 & 21

June 26 & 28

July 10 & 12

July 17 & 19

NO PROGRAM ON

July 3rd or July 5th!!!

**Free Breakfast Served at
8:30 am**

Location:

NWTC Aurora
Tuesdays and Thursdays,
rain or shine:

9:00 a.m. to 2:00 p.m.

June 20 & 22

June 27 & 29

July 11 & 13

July 18 & 20

NO PROGRAM ON

July 4th & July 6th!!!

**Free Breakfast Served at
8:30 am**

\$35.00 Participation Fee

Mail by May 30

Scholarship Available for
Florence County Residents
St. Vincent de Paul
**You must call them at
715-528-2030**

**Please mail registration
information and check
payable to:
Florence Co. Extension
5628 Forestry Dr.
Florence, WI 54121**

**Wear old clothes.
Kids will get dirty and wet!**

Extension Florence
715-528-4480
Jane-Ext. 1



Location: Choose One

- ☐ **Florence Elementary School (Mondays & Wednesdays)**
- ☐ **NWTC Aurora (Tuesdays & Thursdays)**

Child's Name _____
Last First

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Date of Birth: _____ Grade entering in the **Fall** _____

School District Child attended during 22-23 school year _____

Gender: ☐ Male ☐ Female ☐ Nonbinary ☐ Not Listed ☐ Prefer Not to Say

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Prefer Not to Say

Race (Check all that apply): ☐ American Indian/Alaskan Native ☐ Asian

☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander

☐ White ☐ Other (Race Not Listed) ☐ Prefer Not to Say

Identify any special needs (food, bee or other allergies, diet, medications, asthma etc.) What do you usually do under these circumstances?

Release of Student & Emergency Contact Info

My child may be released to **ONLY** the following people:

Mother/Guardian Phone: _____

Father/Guardian Phone: _____

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____