



REGISTER TODAY:
217-377-6835

—————
**Six weeks of fun
with friends, old
and new**
—————
**Breakfast, snacks,
and lunch are
included**
—————
\$75 per week
—————
**Space is limited
call to register
today!!!**

JUNE 25TH – AUGUST 3RD
MONDAY – FRIDAY
8 AM TO 5 PM
TAP IN ARCOLA

Tap In Leadership Academy's Summer Enrichment Program (SEP) is a multicultural program for scholars in elementary through middle school. Students embark upon a journey in leadership and educational excellence while having fun during the summer. Activities include soccer, cultural studies, visual & performing arts, video games, cooking, swimming, field trips, & more!!!



TAP IN ARCOLA
115 Egyptian Trail, Arcola IL
217-377-6835

www.tapinacademy.org
questions@tapinacademy.org

Monday – Friday
8 am to 4 pm

SUMMER ENRICHMENT PROGRAM (SEP)

STUDENT INFORMATION

Name _____ Gender _____ Birth Date _____

School _____ Grade _____ Race _____ Preferred Language _____

Home Address _____ City _____ Zip _____

My student qualifies for

Free/Reduced Lunch Child Care Resources All Kids

PARENT/GUARDIAN INFORMATION

Mother/ Female Guardian _____

Father/Male Guardian _____

Relationship _____

Relationship _____

Cell phone _____

Cell phone _____

Work phone _____

Work phone _____

Email Address _____

Email Address _____

Student lives with (check all that apply) Father Mother Guardian

EMERGENCY CONTACTS

In the event the parents/guardians cannot be reached, the school will call the people listed below.

People listed should be individuals who can 1) **give permission** to administer health care; 2) **pick up your child** if your child is ill; or 3) **give advice** about caring for your child.

Name _____ Name _____

Address _____ Address _____

Cell phone _____ Cell phone _____

Work phone _____ Work phone _____

Relationship to student _____ Relationship to student _____

HEALTH INFORMATION

Physician _____ Phone _____

Medication(s) being taken by student _____

Physical conditions (allergies, diabetes, etc.) _____

If I, my child's emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize school employees, or legal representatives to obtain emergency medical care for my child while under the school's care including transporting or sending my child to an available hospital or physician.

Parent/Guardian Name

Date

Parent/Guardian Signature

Date