

BETHPAGE ELEMENTARY SUMMER SCHOOL PROGRAM
Entering Kindergarten through Entering 7th Grade

HEALTH FORM

Student's name _____
Last **First**

Please describe any pertinent medical information (for example, medications taken, illnesses, allergic reaction, etc...) in the spaces below. This form will be submitted to the Summer School nurse on staff. If there are no conditions, please write "NONE."

Parent's Signature

Date

ELEMENTARY SUMMER SCHOOL FEES

Please complete and sign the health form above and return this form with the appropriate fees listed below. This form along with the payment must be received by the summer school program no later than one week before the program begins. **NO CASH** Please make checks and money orders payable to "Bethpage UFSD" and send to:

Attention: Kate Peters
Charles Campagne School
601 Plainview Rd.
Bethpage, NY 11714

FEES ARE: \$3.00 for one session

\$6.00 for two sessions