The Extended School Year Program will be located at the sites listed below to service Early Childhood, Elementary, and Junior High School, High School and Connection students eligible for services. S/L Only will not receive transportation to the ESY sites; transportation is provided by parent. Bus transportation pick-up times will be confirmed with you the weekend prior to June 8th. If you have not received your time, please call Transportation at 630-420-6464.

If there are any further questions regarding the Extended School Year Program, please call Melissa Mitchem, Director of Extended School Year at 630-420-6851, or David Pearlman, Assistant Director of Extended School Year, at 630-420-6529, TBD, Lisa Xagas, Director of Student Services at 630-420-6524, or Teri Filipowski, Administrative Assistant at 630-420-6564.

Starting June 8th, to report an absence, please call 630-420-6564. You also need to call the Transportation department at 630-420-6464 to inform the school district of no pick-up.

**Naperville Central High School, 440 West Aurora Avenue -- Hours 8:30-11:30a.m.** Jr. High, Instructional and Multi-Needs, Jr. High Social Awareness, High School Social Awareness, High School Instructional, High School Multi-Needs and Connections Program. David Pearlman, Assistant Director of ESY, 630-420-6529.

**Mill Street Elementary School, 1300 North Mill Street** – Elementary Instructional, Elementary Multi-Needs. Melissa Mitchem, Director of ESY, 630-420-6851 and Teri Filipowski, ESY Secretary, 630-420-6564

**Meadow Glens Elementary School, 1150 Muirhead Ave.** – Early Childhood, Early Childhood Extended Day, and Elementary Social Awareness Classes. TBD, Assistant Director of ESY and Teri Filipowski, ESY Secretary, 630-420-6564.

**Hours:**
- 8:30-11:30 a.m. Elementary (Instructional K-5, Multi-Needs K-5)
- 8:30-11:30 a.m. Early Childhood Extended Day (for those students who are currently in this program)
- 8:00-10:00 a.m. **Session One** – Early Childhood and Social Awareness Class (current exiting Kindergartners and 1st graders)
- 10:15 a.m.–12:15 p.m. **Session Two** – Early Childhood and Social Awareness Class (current 2nd, 3rd, 4th and 5th graders)
Extended School Year Program 2015 – Student Registration
DEADLINE for Registration - MAY 4, 2015

Directions:
1. Fill out entire registration sheet (including the back portion)
2. Parent and/or guardian must sign form
3. Registration confirmation will be mailed to parents and/or guardians upon receipt of registration form, and prior to the beginning of the ESY program.
4. Return Extended School Year Program registration forms to: Naperville Community Unit School District 203 Special Education Department – Attn: Teri Filipowski 203 S. Hillside Road, Naperville, IL 60540
5. Any questions call Lisa Xagas, Director of Student Services at 630-420-6524, Melissa Mitchem 630-420-6851 or Teri Filipowski, Administrative Assistant at 630-420-6564

Current Placement:
Current School: ___________________________________________ Current Grade Level: ______________________
Case Manager: ____________________________________________

General Information:
First Name: ____________________ Last Name: ______________ Birthdate: _________________________
Address: ________________________________ City: ______________ Zip Code: ________________
Home Phone: ______________________ Parent and/or Guardian Name(s): ________________________________
Work Phone Parent and/or Guardian: _______________________________________________________________
Cell Phone Parent and/or Guardian: _______________________________________________________________
Emergency Contact Person: ________________________________________________________________
Relationship to Child: ______________________ Phone: ________________________________
Doctor’s Name: __________________________ Phone: ________________________________
**MEDICAL INFORMATION/PERMISSION FORM**

The information requested below is critical to report to the ESY nursing staff. Please be certain to include all medical and health information on record with your child’s home school.

**PLEASE ANSWER ALL QUESTIONS BELOW**

Does your student currently have an individualized health care plan at school?  
____Yes  ____ No

Does your child have any allergies (including food)?  
____ Yes  ____ No

Is the allergy life threatening?  
____ Yes  ____ No

If so, does your child use an Epipen?  
____Yes  ____ No

Other  
__________________________________________________________________

__________________________________________________________________

What daily medication does your child take at home? (Please note: This is important for nursing staff to know in the event of an emergency).

__________________________________________________________________

Will the student receive any medication while attending the program?  
____ Yes  ____ No

If yes, name of medication and dosage  
__________________________________________________________________

**Note: If you currently do not have the “School Medication Permission” forms on file, attached are the “School Medication Permission” forms. Our summer school staff will not be able to administer any medication without a physician’s written order.**

**Please Complete the Following Section Carefully**

District #203 carries liability insurance but no medical insurance. A participant’s family must cover any medical cost incurred. I understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached and agree to release all personnel from any liability in connection with obtaining emergency care.

Parent/Guardian Signature:  
__________________________________________________________________

Date: __________________________
Read and Sign

I do ___ I do not ___
Grant permission for my child to participate in community training activities. This may include walking with school staff to community sites.

I do ___ I do not ___
Grant permission for my child’s picture to be used in the school newspaper and/or other publicity.

Parent/Guardian Signature:_________________________________________ Date:__________________________

Transportation:

My child will be transported to and from school by:

Bus_______ Parent and/or guardian_______ Other:________________________________________________________

Student Requires:

Wheelchair lift bus_______ Safety vest_______ Car seat_______ Seat belt_______

If your child will be transported to and from an address within District 203 boundaries other than home, please list below (i.e., babysitter, day care center). Please call Transportation department to check if the location is within the District 203 boundaries 630-420-6464.

Contact Person: ____________________________________________ Phone: _________________________________

Address: ____________________________________________ City:__________________________ Zip Code:___________
SCHOOL MEDICATION PERMISSION
NAPERVILLE SCHOOL DISTRICT 203

STUDENT’S NAME: _________________________ GRADE: _____ BIRTHDATE: _________________________

ADDRESS: ______________________________ PHONE: _______ SCHOOL: _______________________

I hereby request that Naperville School District 203 employees administer or supervise the administration of medication in accordance with the routine described under the Guidelines for the Administration of Medication in Naperville School District 203.

I hereby release Naperville Community Unit School District 203 and any of its agents, employees administrators or other parties (hereinafter, the “District”) from any liability for any injury or harm which is suffered by __________________________ as a result of our District’s agreement to honor this request. I agree to indemnify and hold the District harmless from any legal action or other attempts to acquire compensation, including damages and legal and medical fees, from the District whenever the District has acted in accordance with the information provided by my child’s physician.

_________________________________________________________________________ ________________________
PARENT/GUARDIAN SIGNATURE DATE

TO BE COMPLETED BY THE PHYSICIAN:

DIAGNOSIS: __________________________ MEDICATION: __________________________

ROUTE OF ADMINISTRATION: __________________________ DOSAGE: __________ TIME: _______

SIDE EFFECTS: ______________________________________________________________________

DATE OF PRESCRIPTION: __________________________ DISCONTINUATION DATE: __________

THE STUDENTS WILL SELF-ADMINISTER MEDICATIONS IN THE SCHOOL HEALTH OFFICE WITH SUPERVISION OR THE MEDICATION MAY BE ADMINISTERED BY A DISTRICT STAFF MEMBER. THE FOLLOWING DESCRIBES THE CIRCUMSTANCES WHICH INDICATE THAT MEDICATION SHOULD BE ADMINISTERED:

____________________________________________________________________________________

____________________________________________________________________________________

OTHER MEDICATION STUDENT IS RECEIVING:

____________________________________________________________________________________

ANNUAL REEVALUATION/PERMISSION IS REQUIRED. INDICATE IF IT SHOULD BE SOONER:

____________________________________________________________________________________

PHYSICIAN’S SIGNATURE/LICENSED PRESCRIBER’S NAME DATE OFFICE PHONE NUMBER

Reviewed 11/06
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If there are any further questions regarding the Extended School Year Program, please call Melissa Mitchem, Director of Extended School Year at 630-420-6851, or Dave Pearlman, Assistant Director of Extended School year, at 630-420-6529, Lisa Xagas, Director of Student Services at 630-420-6524, or Teri Filipowski, Administrative Assistant at 630-420-6564 prior to June 8th.

Starting June 8th, to report an absence, please call 630-420-6564. You also need to call the Transportation department at 630-420-6464 to inform the school district of no pick-up.

**Naperville Central High School, 440 West Aurora Avenue -- Hours 8:30-11:30 a.m.** All Junior High, High School and Connections programming, Dave Pearlman, Assistant Director of ESY, 630-420-6529.

**Mill Street Elementary School, 1300 North Mill Street** –Elementary Instructional, Elementary Multi-Needs Melissa Mitchem, Director of ESY, 630-420-68551 and Teri Filipowski, ESY Secretary, 630-420-6564 starting June 8th.

**Meadow Glens Elementary School, 1150 Muirhead Ave.** – Early Childhood, Early Childhood Extended Day, and Elementary Social Awareness Classes. TBD, Assistant Director of ESY.

Hours: 8:30-11:30 a.m. Elementary (Instructional K-5, Multi-Needs K-5)

8:30-11:30 a.m. Early Childhood Extended Day (for those students who are currently in this program)

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