

Calumet College of St. Joseph

Education Program = 219-473-4385 or 219-473-4264

Summer Enrichment Program Permission Slip

Please complete one permission slip for each child and return to the Education Department by **June 1, 2019**.

Child's Name: _____

Age: _____ Birthdate: _____ Race: _____

Address: _____

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Current School Name: _____ Last Grade Completed: _____

Emergency Contact Information (other than the parent):

Name: _____ Relationship: _____

Phone: _____

Any questions email

Dr. Greene:

dgreene@ccsj.edu

Calumet College of St. Joseph

Education Dept. Room 500

2400 New York Ave.

Whiting, IN 46394

The above named child has permission to participate in the Summer Program sponsored by Calumet College of St. Joseph's Education Department.

Bus: Yes No **Hammond Schools only!**

I give my permission for my child to be:

Tested Yes No

Photographed Yes No

Allergies: Yes No **Explain:** _____

Is an IEP Included? Yes No

Images may be used for training and/or instructional purposes.

Parent/ Guardian Signature

Date

Summer Program Schedule

June 2019				
Monday	Tuesday	Wednesday	Thursday	Friday
3 No Class	4 No Class	5 No Class	6 No Class	7 No Class
10 No Class	11 No Class	12 No Class	13 No Class	14 No Class
17 No Class	18 No Class	19 No Class	20 No Class	21 No Class
24 First Program Day 9:30 am to noon	25 9:30 am to noon	26 9:30 am to noon	27 9:30 am to noon	28 No Class
July 2019				
Monday	Tuesday	Wednesday	Thursday	Friday
				No Class
1 9:30 am to noon	2 9:30 am to noon	3 9:30 am to noon	5 No Class	6 No Class
8 9:30 am to noon	9 9:30 am to noon	10 9:30 am to noon	11 9:30 am to noon	12 No Class
15 9:30 am to noon	16 9:30 am to noon	17 9:30 am to noon	18 9:30 am to noon Final Program Last Day for Students	19 No Class
23	24	25	26	27