

**Center for Urban Research, Education and Training (CURET), Inc.**  
**REGISTRATION FORM FULL-DAY SUMMER SCHOOL PROGRAM**  
July 6 – July 31, 2020

*Part I: 7:30am – 12:00 noon: The Academics: Instruction in Mathematics & Language Arts*  
*Part II: 12:30 – 3:00 pm: Enrichment/Recreational. Fridays: Field Trips.*

Name of Student \_\_\_\_\_

Present Grade (June 2020): \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

School Attending \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Has your child ever attended the CURET summer school: Yes \_\_\_ Date: \_\_\_\_\_ No \_\_\_

What does your child hope to learn during this year's Summer School? \_\_\_\_\_

What is your reason for sending your child to Summer School this year? \_\_\_\_\_

**LOCATION WHERE THE CURET SUMMER SCHOOL PROGRAM IS HELD: CREC Metropolitan Learning Center for Global and International Studies, 1551 Blue Hills Avenue, Bloomfield, CT 06002**

**FOR INFORMATION/REGISTRATION: Center for Urban Research, Education & Training (CURET), Inc. 1443 Albany Ave., Hartford, CT 06112, (860) 247-0123.**

- To secure a slot for your child in the 2020 Summer Academic Program for grades 1-10, please complete this application and **SUBMIT**, below. You may also bring your completed form to CURET's office at 1443 Albany Ave., Hartford, CT 06112. Tel. (860) 247-0123.

**COST FOR THE FOUR-WEEK SUMMER PROGRAM: \$160.00 \***

\* (Not including field trips). Depending upon pending funding and teacher contract, the minimal cost per student to be collected on/before summer school start date. Cost is final and there will be no refund.

Amt Received \_\_\_\_\_ Cash or Check \_\_\_\_\_ Date: \_\_\_\_\_

**Registrar** \_\_\_\_\_

**Photo Release**

I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions, and likeness of any kind made of the child are and shall remain the property of CURET. I give my permission that said works may be published, displayed, reproduced, and circulated in any form by CURET, Inc. with or without the child's name for commercial purposes or otherwise, including advertisement in any media, and with or without any testimonial copy or other form of advertising or display.

**Parental Release Form**

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators hereby release, waive, acquit and forever discharge The Center for Urban Research, Education and Training (CURET), Inc., Hartford School System, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands or causes of action for any and all loss, damage injury or death any claim of damages, resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Program. I understand that CURET is not responsible for lost or stolen items.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Center for Urban Research Education & Training (CURET)**  
**1443 Albany Ave., Hartford, CT 06112**  
**(860) 247-0123**

**Medical Form**

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Has your child had any of the following? (All items must be checked “yes” or “no”)**

1. Allergies?	Yes	No
Food (s) _____		
Bee Stings/Insect Bites _____		
Medications _____		
1a. Does your child have an EpiPen?		
1b. Does your child need Benadryl		
2. Asthma/Wheezing		
2a. Does your child use an asthma inhaler/pump?		
3. Bleeding Disorder?		
Frequent Nose Bleeds?		
Sickle Cell Anemia?		
Hemophilia?		
4. Diabetes?		
5. Heart Problems?		
6. Chest Pain?		
7. Convulsions?		
8. Does your child take any daily medications? If yes, please list medications: _____		

If you answered “yes” to any of the above questions, or if your child has any other medical conditions, please explain \_\_\_\_\_

Child’s Doctor/Clinic \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital of Choice: CCMC \_\_\_ St. Francis \_\_\_ UConn Medical Center \_\_\_ Other \_\_\_

To the best of my knowledge the above information is complete and accurate.

Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Telephone \_\_\_\_\_