

Program Coordinator Signature

S.T.E.P. Up Summer Enrichment Program

Online from 9 a.m. to Noon | Registration Due Friday, June 11

Open to <u>all</u> SRPMIC students in grades K-5. Questions? Contact Lea Lee at Lea.Lee@saltriverschools.org.

Date

| STUDENT INFORMATION | V | | |
|---|--------------------------------------|--|------------------|
| Student Name: | | Student's Tribal ID # | |
| School: | | Grade (Completed): | |
| Student Mailing Address | : | | |
| PARENT/GUARDIAN INF | ORMATION | | |
| Parent/Guardian Name: | | | |
| Email: | | | |
| Home #: | Cell #: | Work #: | |
| Parent/Guardian Name: | | | |
| | | | |
| | | Work #: | |
| ALTERNATE CONTACT IN | NFORMATION (in case parent/guardia | n cannot be reached) | |
| Name & Relationship to | Student: | | |
| Email: | | | |
| | | Work #: | |
| TECHNOLOGY INFORMA | ATION | | |
| Does your child have acc | ess to the following technology? Com | nputer/Laptop: YES / NO Internet: YES / | NO |
| | | | |
| ATTENDANCE: Stu | dents must attend all session | s to attain the Certificate of Completi | <mark>on.</mark> |
| PARENT/GUARDIAN SIG | NATURE | | |
| By signing below, I acknown S.T.E.P. Up Summer Enrice | | and agree to the attendance expectations for the | ? |
| Parent/Guardian Signatu | ıre | Date | |
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