

Fountain Valley School District
EXTENDED SCHOOL PROGRAM

2021 ESP Summer Camp ENROLLMENT FORM

Please complete one form per family for all students. Email to sullivanc@fvsd.us

Child(ren)'s Last Name _____ School _____
Family Last Name _____ First Date in ESP _____

	Child(ren) in ESP	Grade	Sex	Before School	After School 6:00
1.	_____	_____	_____	M T W Th F	M T W Th F
	_____	_____	_____	M T W Th F	M T W Th F
	_____	_____	_____	M T W Th F	M T W Th F

2. Does your child require any special accommodations? Yes No

3. If yes to question #2, please explain _____

4. Child lives with (please circle):

Father/Stepfather: Name: _____

Mother/Stepmother: Name: _____

Other (please give relationship) Name: _____

Relationship _____

5. Other children in the home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

6. Adults other than parents in the home:

Name	Relationship
_____	_____
_____	_____

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A parent conference may be required prior to attending if an accommodation plan is necessary for program participation.

7. What are your child's physical, social or emotional needs?
8. How can we best meet your child's needs?
9. Does your child receive any special services from the school district? (Speech and Language, RSP, ESL, GATE) Please list.
10. Can your child express himself verbally so others can understand him?
If not, how does he communicate?
11. How does your child react in new social experiences?
12. What techniques are effective when your child is upset?
13. Please share any concerns or additional information about your child(ren) that will help the staff meet the individual needs of each child. All information is confidential. Please attach separate sheet if necessary.

[] Prefer to discuss child's needs with teacher