

Welcome to Middle School

Student Name _____

Parent Name(s): _____ Home # _____

Address: _____

Elementary School: _____

Additional parent phone numbers (if above are unreachable)

Work: _____ Cell: _____

Emergency Contact (other than above)

Name: _____

Phone #: _____

Medical/Allergy Info

Please describe any medical conditions/allergies that the "Welcome to Middle School" program staff need to be aware of. **(Please note that there is no nurse present during the program).**

Camp Session

Please circle the dates of the camp session you would like to register for. Students may only attend one session.

Session One

June 28- July 2

Session Two

August 23-27

Please include a check for **\$100.00** made payable to **Milton Public Schools, Pierce Program** and write your child's name in the memo section of the check.

Registration forms and check must be submitted to Pierce Middle School, attention Genevieve Martland, 451 Central Avenue, Milton, MA 02186, by Friday, May 7th. Registration is first come first serve. Confirmation letters will be sent at the end of May.