Access the online Summer Academy Registration through [https://summeracademy.dpsk12.org/](https://summeracademy.dpsk12.org/)

Welcome to Summer Academy Registration

Welcome to the Summer Academy Registration form. Through this application, you will be able to register your eligible student(s) for Summer Academy and Enrichment Programming.

Below are your student(s) that are eligible for Summer Academy. Students identified as Below Grade Level or Significantly Below Grade Level on their READ Act Assessment are eligible. Eligible Siblings are K-5th grade students who qualify for full-day enrichment programming with Scholars Unlimited and Boys and Girls Clubs.

Missing students or errors? Please email us at DPSSummerAcademy@dpsk12.org.

1. Click **Begin Application**.

---

<table>
<thead>
<tr>
<th>Eligible Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 First1 Last1</td>
</tr>
<tr>
<td>2 First2 Last2</td>
</tr>
<tr>
<td>3 First3 Last3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligible Siblings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 First1 Last1</td>
</tr>
<tr>
<td>2 First2 Last2</td>
</tr>
<tr>
<td>3 First3 Last3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6th and 7th-grade Eligible Siblings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 First1 Last1</td>
</tr>
<tr>
<td>2 First2 Last2</td>
</tr>
<tr>
<td>3 First3 Last3</td>
</tr>
</tbody>
</table>

---
2. Select Eligible Students

Below is a list of your students that are eligible for Summer Academy. Please indicate if your student(s) will attend or will not attend the program.

2a. Select which students eligible for Summer Academy will be **Attending**.

2b. Select which students eligible for Summer Academy will **NOT be attending**.

Click [Next Screen](#) to continue

*Note:* By selecting “Attending”, you are indicating that your child is participating in Summer Academy. Eligible students must attend Summer Academy in order to participate in afternoon enrichment.
3. Verify or Select School Assignment

Below is a list of your students who will be attending Summer Academy. Please answer the question below regarding the students’ school assignment.

3a. If you would like your student to attend the assigned school select Yes and proceed to 4a.

Verify or Select School Assignment

Below is a list of your students who will be attending Summer Academy. Please answer the required question below regarding the students’ school assignment.

<table>
<thead>
<tr>
<th>Eligible Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  First1 Last1</td>
</tr>
<tr>
<td>2  First2 Last2</td>
</tr>
<tr>
<td>3  First3 Last3</td>
</tr>
</tbody>
</table>

Your student(s) has been assigned to the following school:

School Assignment

Will your student(s) be attending the assigned school site? [3a] Yes No

Click Next Screen to continue
3b. Select **No** if you would like your student to attend a different school other than the one assigned.

**Note:** By selecting a school other than the assigned school, you are waiving the availability of transportation through DPS and you will be responsible for dropping off and picking up your student(s).

3c. Click on the drop down arrow to select your school option.

---

**Verify or Select School Assignment**

Below is a list of your students who will be attending Summer Academy. Please answer the required question below regarding the students’ school assignment.

<table>
<thead>
<tr>
<th>Eligible Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 First1 Last1</td>
</tr>
<tr>
<td>2 First2 Last2</td>
</tr>
<tr>
<td>3 First3 Last3</td>
</tr>
</tbody>
</table>

Your student(s) has been assigned to the following school:

**School Assignment**

Will your student(s) be attending the assigned school site? **No**

What school would you prefer student(s) attend for Summer Academy?

(Note: By selecting a school other than the assigned school, you are waiving the availability of transportation through DPS and you will be responsible for dropping off and picking up your student(s).)

Select a school site
- Choose your option
  - Option 1
  - Option 2
  - Option 3

Click **Next Screen** to continue
4. Select Transportation

Your student(s) may be eligible for DPS transportation to and from Summer Academy. Predetermined bus stops may be available to students that live one mile or further away from their home school. Please answer the required question below regarding the student(s) transportation needs.

4a. Select Yes if your student(s) require DPS transportation.

4b. Select No if your student(s) will not require DPS transportation.

Click Next Screen to continue
5. Select Student and Sibling Enrichment

Below is a list of your students that are eligible for the summer enrichment program. Please indicate whether all students will be attending afternoon enrichment.

5a. Select **Yes** if you would like to register your Summer Academy eligible student(s) to attend the afternoon summer enrichment program or select **No** if you do not want them to attend.

5b. Select **Yes** if you want your eligible student(s) to attend the summer enrichment program during Summer Academy or select **No** if you do not want them to attend.

### Select Student and Sibling Enrichment

Below is a list of your students that are eligible for the summer enrichment program. Please indicate whether all students will be attending afternoon enrichment.

**NOTE:** If no eligible Summer Academy students enroll in the afternoon enrichment program, all siblings will be dismissed at 12:15pm or 1:15pm, depending on the school. These students will need to be picked up at that time or, if eligible, take the mid-day transportation.

Enrichment programs have limited space. Scholars Unlimited will cap registration at 170 students per site and Boys and Girls Clubs will cap registration at 200 students per site. If sites fill up, students will be placed on a waitlist.

<table>
<thead>
<tr>
<th>Eligible Students</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will your student(s) be attending the <strong>afternoon summer enrichment</strong> program after Summer Academy?</td>
<td></td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>1 First1 Last1</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2 First2 Last2</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3 First3 Last3</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligible Siblings</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will eligible sibling(s) be attending the <strong>enrichment program</strong> during Summer Academy?</td>
<td></td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>1 First1 Last1</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2 First2 Last2</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3 First3 Last3</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6th and 7th-grade Eligible Siblings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following students qualify for the Generation Teach siblings program. Generation Teach provides a full-day program for middle school students at three school locations in Denver. To receive additional information about the program or to register please go visit: <a href="https://www.gtsummer.org/denver">https://www.gtsummer.org/denver</a>. For questions about the program email: <a href="mailto:GTSDenver@genteach.org">GTSDenver@genteach.org</a>.</td>
</tr>
<tr>
<td>1 First1 Last1</td>
</tr>
<tr>
<td>2 First2 Last2</td>
</tr>
<tr>
<td>3 First3 Last3</td>
</tr>
</tbody>
</table>
6. Verify Guardian Information

Please verify or provide guardian contact information.

6a. Verify Guardian 1 contact information.

- First and Last Name
- Phone Number 1
- Phone Number 2
- Email Address
- Address 1
- Address 2
- City
- State
- Zip Code

6b. If the contact information is incorrect, please provide the correct contact information.

6c. Provide Guardian 1 employer, employer phone number, and employer address.

If there is only one guardian click Next Screen and proceed to 7a.
6c. If applicable, please provide contact information for one other guardian. If there is only one guardian, proceed to 7a.

6d. Who does each student live with? Type your answer.

Click Next Screen to continue
7. Emergency Contact Information

Provide contact information for who should be contacted in case of an emergency.

**Note:** My E-signature on the final page authorizes the persons listed below as emergency contacts. They are permitted to pick up my child. Summer Academy and our community partners may contact these individuals in the event of an emergency if parent(s) or guardian(s) cannot be reached. Do not list parents/guardians in the fields below. All emergency contacts must be 18 and older. The State of Colorado licensing requires two emergency contacts living outside of the home to be kept on file.

**7a.** Provide contact information for who should be contacted in case of an emergency. Type your answers for the following text boxes:

- First and Last Name
- Relationship to child(ren)
- Emergency Contact Phone Number
- Emergency Contact Address 1
- Emergency Contact Address 2
- City
- State
- Zip Code

**7b.** Check the box if the contact is the same for each student. If not fill out emergency contact for each student.
8. Medical Contact Information

For each student, identify a medical professional that should be contacted in case of an emergency.

Note: My E-signature on the final page authorizes the below named physician to treat as necessary in an emergency for the health of my child. In the event that a parent/guardian, or alternate person named on this form cannot be reached, or if the name of a doctor, dentist or hospital has not been provided, the staff is hereby authorized to call 911 for medical assistance. The staff is also authorized to take whatever action is deemed necessary in their judgment for the health of my child.

8a. For each student, identify a medical professional that should be contacted in case of an emergency. Type your answers for the following text boxes:

- Doctor’s Name
- Clinic Name
- Doctor’s Phone Number
- Doctor’s Address 1
- Doctor’s Address 2
- City
- State
- Zip Code

8b. Check the box if the contact is the same for each student. If not please fill out doctor contact information for each student.

Click Next Screen to continue
9. **Dentist Contact Information**

For each student, identify a dental professional that should be contacted in case of an emergency.

9a. For each student, identify a dental professional that should be contacted in case of an emergency. Type your answers for the following text boxes:

- Dentist’s Name
- Clinic Name
- Dentist’s Phone Number
- Dentist’s Address 1  
  - Dentist’s Address 2
- City  
  - State  
  - Zip Code

9b. Check the box if the contact is the same for each student. If not please fill out dentist contact information for each student.
10. Verify Health and Allergy Information

Provide or confirm information regarding any health conditions and allergies that apply for each student.

10a. If your student(s) has asthma please verify or provide information about your child’s asthma. To add additional information type your answer in the text box.

10b. If your student(s) takes any daily medication please verify or provide information about your child’s daily medication. To add additional information type your answer in the text box.

10c. If your student(s) has other medical needs please verify or provide information about your child’s medical needs. To add additional information type your answer in the text box.

10d. Select Yes if your child has any allergies and let us know what they are in the text box.

10e. Select Yes if your child has any special dietary needs and let us know what they are in the text box.

10f. Select Yes if your child has emergency medication and let us know what it is.

[[Image of the Verify Health and Allergy Information form]]
10g. Select **Agree** to authorize Scholars Unlimited or Boys and Girls Clubs Metro Denver and their major community partners to contact directly the persons designated on this form as emergency contacts, and I authorize the named physician or his/her associates to render such treatment as may be deemed necessary in an emergency for the health of this child. It is understood that a conscientious effort will be made to locate the parent(s) or guardian(s) before any action will be taken. In the event of an emergency, or the parent(s)/guardian(s), or other designated emergency contacts cannot be reached, or if the name of a doctor, dentist, or hospital has not been provided, the staff is hereby authorized to call 911 for immediate medical assistance. The staff is hereby authorized to take whatever action is deemed necessary in their judgment for the health of the child. Parent or guardian agrees to accept all expenses incurred.

Click **Next Screen** to continue
11. Verify Special Needs Information

Provide or confirm information about any special needs that apply to your student(s).

11a. Provide information about your child’s Individualized Education Plan (IEP). Give additional information in the text box.

11b. Provide information about your child’s 504 Plan. Give additional information in the text box.

11c. If our records show that you child does not have any special needs but you wish to update our records please provide the information by typing your answer in the text box.

Click Next Screen to continue
12. Additional Authorizations

Provide authorizations regarding your students’ participation in enrichment programming.

12a. Is your child excluded from any type of field trip or offsite activity. Provide explanation in the text box.

12b. Are there any activities your child cannot participate in due to physical, social or religious reasons? Provide explanation in the text box.

12c. Select **Agree** if you would allow your child(ren) to participate in excursions with the summer enrichment partner. If not, select **Do Not Agree**.

### Additional Authorizations

Provide authorizations regarding your students’ participation in enrichment programming.

<table>
<thead>
<tr>
<th>Activity Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your child excluded from any type of field trip, excursion or offsite activity? <strong>Required</strong></td>
</tr>
<tr>
<td>Select an option</td>
</tr>
<tr>
<td>If yes, please explain: Provide additional information</td>
</tr>
</tbody>
</table>

| Are there any activities your child cannot participate in due to physical, social or religious reasons? **Required** |
| Select an option  |
| If yes, please explain: Provide additional information |

### Parent Permission for Excursion

During programming, students will be given the opportunity to participate in excursions. On excursions, students take school buses, walk, or use some other means of transportation. If you agree below, your child will be allowed to join these excursions. The organization is not responsible for any student injury sustained while on an excursion.

[Do Not Agree] [Agree] **Required**
12d. Sunscreen Authorization. I authorize my child to apply sunscreen, which is provided by the summer enrichment organization. Select option.

12e. I authorize my child to apply sunscreen that I will provide. Select option.

12f. I allow Scholars Unlimited or Boys and Girls Clubs to assess my child’s/children’s reading and cognitive skills to measure progress, and to access any of his/her/their public school records for diagnostic and program evaluation purposes to be used by program evaluators and for grant reporting. Select Agree if you you do allow otherwise select Do Not Agree.

12g. I give permission for my child or my child’s likeness to appear in media approved by the summer enrichment organization. Select an option.

12h. I give permission for my child to watch movies. Select an option.

12i. Check the check box if the authorizations are the same for all students.
13. **Electronic Signature**

**13a.** My e-signature attests that the information included in this registration is accurate and gives all necessary permissions, where requested. It also authorizes the emergency contacts listed to pick up my child. *Type your full name* in the box.

**13b.** Click *Submit Application*.

---

**Application Submitted**

Application Submitted. Thank you for submitting your application. You will receive a confirmation of placement in the program or placement on the waitlist if the site you requested is full.