

WESTERN PENNSYLVANIA
LEARNING ACADEMY

REGISTRATION FORM
Program Name: _____

Student Name: _____ Grade: _____

Student Email: _____ School District: _____

Mailing Address: _____

Parent/Guardian Name: _____ Email: _____

Home/Cell Phone: _____ Work Phone: _____

I, _____ give permission for my child to attend each assigned date of the Western Pennsylvania Learning Academy's program. In the event of an emergency, if treatment is required and parents/guardians cannot be notified immediately, I give consent for emergency treatment and transport to the nearest emergency room.

Does your child have any health concerns that would hinder participation in the field experience? _____ No _____ Yes. If yes, please complete the following:

Please indicate if your child has any of the following health concerns:

_____ Asthma _____ Inhaler needed
_____ Life-threatening allergy to bee sting _____ Epi-pen
_____ Life-threatening allergy to food _____ Benadryl needed
_____ Seizure disorder _____ Diabetes
_____ Allergy to _____ Other _____

Emergency treatment (if needed) _____

Health Insurance: _____

Family Physician: _____ Phone: _____

My signature confirms that my child has permission to participate in all activities on the specified dates.
Permission is also granted to share this information with appropriate academy personnel.

Parent Signature _____ Date _____

The well being of any child is a parental responsibility. In an emergency, every effort will be made to contact parent/guardian. Please list two persons who can arrange transportation and care for your child when you are not available.

Relative or Friend: _____ Phone: _____

Relative or Friend: _____ Phone: _____

•Please make checks payable to Fox Chapel Area School District (FCASD)
Submit check and completed registration form via mail to:

Lisa Gibson, Director
Western PA Learning Academy
Fox Chapel Area School District
611 Field Club Road
Pittsburgh, PA 15238