

2026 Summer Programming Registration K - 5

Please return application to your child's school as soon as possible, before **May 29**.
For questions, please reach out to your school.



Visit syracusecityschools.com/summer or scan the QR code for program updates. All learning options are in-person; there are no virtual programs.

Student Information

Student Name (First & Last) _____

Student ID _____ Current School _____

Other (Charter, Transfer, etc.) _____

Please mark your child's current grade level: K 1 2 3 4 5

Summer Programming

Mornings include the opportunity to build math and reading skills and participate in physical fitness; afternoons have a variety of exciting enrichment activities.

Contact/Emergency Information

Parent/Guardian Name (First & Last) _____

Address (#, Street, Zip) _____

Phone (Main) _____ Phone (Second Option) _____

Email Address _____

In case of an emergency and parent/guardian is unavailable, I authorize the following people to provide care for my child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Health/Special Alerts

This information will be kept confidential and shared only with those who should be made aware such as the school nurse, teachers or assistants, transportation, and/or building administrators.

Does your child have any known allergies? No Yes (Details) _____

Does your child require an Epi-Pen? No Yes (Details) _____

Does your child have any dietary concerns or restrictions? No Yes (Details) _____

Does your child wear glasses or contact lenses? No Yes (Details) _____

Does your child have any physical limitations No Yes (Details) _____

Does your child need any medications during school hours? No Yes (Details) _____

Is this medication in the nurse's office? No Yes (Details) _____

Pick-Up/Walk/Bus

Please note that any change of address should be brought to your school immediately. A change in address may take a waiting period of up to 5 days for transportation. Please select one student option.

I will pick my child up from school

I give my child permission to walk home without being signed out by an adult

I would like my child to ride the bus. Student or childcare provider must live 1 mile or more from the summer school site to receive transportation. If you are requesting transportation, please list your pick-up and drop-off addresses:

AM Pick-Up Address _____

PM Drop-Off Address _____

Permission for Photo/Video Release

I give permission for _____ (student name) to have his/her picture taken for release to the local newspapers and television stations in connection with the Syracuse City School District Summer Program activities.

I DO NOT give permission for _____ (student name) to have his/her picture taken for release to the local newspapers and television stations in connection with the Syracuse City School District Summer Program activities.

Parent/Guardian Signature _____ Date _____