

**Read Eat healthy Activity, 30 minutes Daily**  
**Program Application**

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent\Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Name\phone: \_\_\_\_\_

Parent\Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Name\Phone: \_\_\_\_\_

**Emergency Contact Info:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_ Alt Ph #: \_\_\_\_\_

The following adults are authorized to take my child from the READ Program:

Name	S.S.#	Drivers Lic. #
------	-------	----------------

Name	S.S.#	Drivers Lic. #
------	-------	----------------

List any Allergies or other Special Conditions:

*As the parent\guardian of the child listed on this application I give my permission for him\her to participate in all activities associated with the READ program and attest that all information contained on this application is accurate and current:*

Parent\Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please return this application to the child's teacher, school office or Literacy Coordinator.

Office Use Only: