*Dear Parent/Guardian*,

[**INSERT ATTENTION GRABBING DETAILS**] (Example: Your child has the opportunity to register for a no-cost summer program that combines fun and academics!) The summer program is a partnership between [**INSERT ORGANIZATION NAMES**].

The program will operate for [**INSERT PROGRAM DETAILS**]. [**INSERT CAVEATS, if necessary**] (Example: Filling out and signing this form indicates you want to register your child for the program, but it does NOT guarantee your child will be able to participate in the program.)

Students who are picked for the summer program are expected to **attend every day** for all weeks the programming is offered, unless unforeseen circumstances (such as illness) arise. Parents/guardians cannot remove their child for personal or family vacation.

[**INCLUDE INFORMATION ABOUT DATA SHARING, if applicable**]Three organizations – between [**INSERT ORGANIZATION NAMES**] – will have access to your child’s between [**INSERT DATA POINTS**] (Example: academic records, including student state and school ID, test scores, and demographic data like age, race, and gender). These data are confidential and will be used only for research and program planning. [**INSERT INFORMATION REGARDING HOW THE DATA WILL BE COLLECTED, i.e. student survey, observations, etc.**].

[**INSERT ORGANIZATION NAMES**] may videotape or take pictures of your child’s participation in the summer program using video and/or digital photography. These images may be used for the purpose of sharing your child’s participation, and perspectives associated with your child’s participation, to a public audience. Images may be published, posted, or played through a variety of communication channels, including but not limited to print, television, and/or online.

**We will protect your child’s confidentiality**

All data collected for the summer program will be kept confidential. In public reporting of research findings, only group and/or de-identified data will be reported. At no time will a public report identify an individual student in any way. The only exception to confidentiality will be in the case of any information disclosed that indicates a child is in any danger. Should that occur, protocols for such disclosure are in place for protection of participants.

***(If applicable)* Permission to contact**

You are being asked for permission to be contacted in the future for participation in surveys, interviews, focus groups or other forms of feedback. By signing this form, you are granting [**INSERT ORGANIZATION NAMES**] and affiliated researchers permission to contact you. Please note, this is just permission to contact and you can opt-out of participation when, and if, you are contacted. You will not be penalized in any way if you refuse to participate. By consenting to be contacted, your phone number, email address and mailing address will be made available to schools, program providers, intermediaries, & researchers.

**Signature Page on Back**

**Please complete, sign, and return:**

By signing this form below, I give permission for my child to register to participate in the summer program, and I acknowledge that I have read, understand, and agree to all aspects of the program described in this form.

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact #1 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact #2 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**