



Date Received

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## 2026 SUMMER REGISTRATION

### FAMILY INFORMATION

Student's Name	Address	DOB	Grade Completed

Parent/Guardian's Name	Primary Phone	Work Phone

Email:

Emergency Contact	Primary Phone	Cell Phone

Authorized Pick Up	Primary Phone	Cell Phone

### MEDICAL

Please list any health care needs HILLTOPPER HANGTIME should know about:


I permit the HILLTOPPER HANGTIME summer program staff to take whatever emergency measures are judged necessary for the care and protection of my student while under their supervision. In case of a medical emergency, I understand that my student will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency team deems it necessary. It is understood that in some medical situations, the HILLTOPPER HANGTIME staff will need to contact the local emergency resources before the parents/guardians, the student's physician, and/or other adults acting on the parents/guardians behalf are notified. I understand that any expenses incurred will be borne by the student's family.

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

T-SHIRT SIZE- (Youth or Adult) \_\_\_\_\_

**SUMMER SCHEDULE**

Days Attending	X	Approximate Drop Off	Approximate Pick Up
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

**MINIMUM OF 3 DAYS A WEEK**

Drop-In Rate option for less than 3 days a week.

Attending Summer School - June 8-26, 2026: Yes  No

We encourage students (grade completed 4K-5) to attend summer school. HILLTOPPER HANGTIME summer program staff will provide the students with breakfast before summer school. Staff will assist students getting to their class and will pick up students at the end of summer school.

**PAYMENTS:**

I have read and understand the billing and payment guidelines of SUMMER HILLTOPPER HANGTIME.

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

## SUNSCREEN

I permit the HILLTOPPER HANGTIME summer program staff to administer sunscreen to my child. The sunscreen will be provided by HILLTOPPER HANGTIME.

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

## TRANSPORTATION

I understand that my student will be transported during the HILLTOPPER HANGTIME summer program for field trips and other special circumstances. While en route, the student will be under the direct supervision of the driver and will be subject to all regulations set for the safety of the student. I will not hold the driver, HILLTOPPER HANGTIME summer program staff, volunteers, or Glenwood City School responsible for any injuries or loss of property that may be sustained by my student as a direct or indirect result of participating in the HILLTOPPER HANGTIME summer program.

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

## FIELD TRIPS

I give permission for my student to participate in field trips during the course of the HILLTOPPER HANGTIME summer program.

I understand that my student will be under the direct supervision and care of the HILLTOPPER HANGTIME summer program staff. I will not hold HILLTOPPER HANGTIME summer program staff, any volunteers, or Glenwood City School responsible for any injuries or loss of property that may be sustained by my student as a direct or indirect result of participating in the HILLTOPPER HANGTIME summer program.

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

## MEDIA POLICY

I give permission to the HILLTOPPER HANGTIME summer program staff to publish any or all pictures of my student, taken during the duration of the summer program.

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

## HILLTOPPER HANGTIME SUMMER HANDBOOK

I have read and understand the policies and procedures of SUMMER HILLTOPPER HANGTIME.

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

Hilltopper Hangtime -  
Phone 715-265-7609 - Email [hangtime01@gcsd.k12.wi.us](mailto:hangtime01@gcsd.k12.wi.us)

To contact HILLTOPPER HANGTIME staff use the above phone number and/or email address. Please contact us via phone and/or email for enrollment information, scheduling changes, questions, comments, or concerns. If we do not answer please leave a message and we will get back to you as quickly as possible.

**Please do not contact staff via personal cell phones!**

Program Coordinator - Beth Davis  
Phone 715-265-7609 - Email [beth.davis@gcsd.k12.wi.us](mailto:beth.davis@gcsd.k12.wi.us)