



2026 Registration Form

Summer Quest @ Shortlidge Academy

K-2 Students from Johnson ES, Lewis DL ES, Shortlidge Academy

The **Summer Quest Program** is an engaging, high-quality summer experience for students entering **Kindergarten through 2nd grade from Shortlidge, Johnson, and Lewis**. Students will strengthen their **literacy and math skills, explore STEM, and participate in creative enrichment** in a safe, supportive environment designed to help them grow and thrive. Provided by the Red Clay Consolidated School District and sponsored by the Wilmington Learning Collaborative (WLC).

Schedule: Monday – Thursday, 8:00 a.m. – 3:00 p.m.

Morning (8:00 a.m. – 12:00 p.m.): Hands-on academic learning (Literacy, Math, STEM).

Afternoon (12:00 p.m. – 3:00 p.m.): Interactive programming and field trips led by Children & Families First.

Aftercare: Available 3:00 p.m. – 5:00 p.m. (Families must pick up students by 5:00 p.m.).

Transportation: Bus hub stops are provided for the morning and afternoon.

1. Student Name _____

2. Student ID Number _____

3. What grade will your child be in during the 2026-2027 school year?

___ Kindergarten

___ First Grade

___ Second Grade

4. Date of Birth ___/___/___

5. Gender ___ Male ___ Female ___ Other

6. School Currently Attending

___ Joseph E. Johnson Elementary

___ Lewis Dual Language Elementary

___ Shortlidge Academy

7. Race/Ethnicity

☐ African American

☐ Latino/Hispanic

☐ Asian

☐ Native American

☐ Caucasian/White

☐ Other

8. Please list any known allergies or medical needs, or write none.

9. Does your student have an IEP or 504 plan? ☐ Yes ☐ No

10. Do we have a copy of the documentation? ☐ Yes ☐ No ☐ NA

11. Parent/Guardian Name _____

Parent/Guardian Name _____

12. Parent/Guardian Cell Phone Number _____

Parent/Guardian Cell Phone Number _____

13. Home Address _____

14. Parent/ Guardian Email Address _____

Parent/ Guardian Email Address _____

15. EMERGENCY INFORMATION

If a parent or guardian cannot be reached during summer school hours, we must be able to contact a responsible adult designated by the parent/guardian. Please list an emergency contact:

Emergency Contact Name _____

Emergency Contact Phone Number _____

16. Transportation Information: Transportation will assign the bus stop location, and information will be sent to you before the program starts. My transportation needs are as follows:

___ Please use the home address listed above to determine my bus stop.

___ My child will be a car rider for the summer program at Shortlidge.

___ My child will be a walker for the summer program at Shortlidge.

17. Aftercare Services: Children & Families First provides aftercare from 3:00 PM to 5:00 PM. Please note that prompt pickup by 5:00 PM is mandatory. Please indicate your preference below:

___ Yes, I would like to enroll my child in aftercare.

___ No, my child will not require aftercare services.

18. Parent Signature _____

For Office Use Only:

Registered in Infinite Campus _____

Registered on the Google Form _____ **(site coordinator)**