EDGE 2018

An overnight stay program for students to Experience Diversity, Growth and Excellence

INFORMATION FOR PARENTS

Your child has registered for the EDGE Overnight Stay Program. Your support of your child’s participation in the program is extremely important. To ensure all participants have a safe and productive visit, we ask each participant to complete a Participant Expectations Form upon program check-in. Please review the program expectations and policies with your child prior to their arrival and indicate your understanding of these expectations and policies below. Should your child fail to meet these expectations or fail to comply with program policies, we will notify you immediately.

Parent/ Guardian Name (Printed): ________________________________________________

Student Name: ______________________________________________________________

Relationship to Student: ______________________________________________________

Email Address: ______________________________________________________________

Primary Phone Number: ______________________________________________________

Secondary Phone Number: ____________________________________________________

Cell Phone Number: _________________________________________________________

Parent/Guardian Signature: ___________________________ Date:_________________