

# SUMMER PROGRAM REGISTRATION

Date: \_\_\_\_\_

## Student Information

Name: \_\_\_\_\_ Name Used: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Email Address: \_\_\_\_\_

List any allergies or medical conditions that we should know about in order  
to care for your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all the names, relationships, and phone numbers to contact, regarding  
your child, in order that they need to be called:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

List all the names that your child can be dismissed with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, list the doctor to call and any other emergency contact  
information (including your information): \_\_\_\_\_  
\_\_\_\_\_

