

SANTA ROSA COMMUNITY SCHOOL SUMMER PROGRAM

CLASS NAME:			
STUDENT INFORMATION	Child's Name: _____	Sex: M or F	
	DOB: _____	Age: _____	Grade: _____
	Address: _____		City/State/Zip: _____
	Home Phone: _____	Doctor's Name: _____	Phone #: _____
PARENT/GUARDIAN INFORMATION	Mother's Name: _____	Father's Name: _____	
	Address: _____ <i>(If different from child)</i>		Address: _____ <i>(If different from child)</i>
	Place of Work: _____		Place of Work: _____
	Work Phone: _____		Work Phone: _____
	Cell Phone: _____		Cell Phone: _____
	Email Address: _____		Email Address: _____
CONTACTS	Persons to be contacted if parents cannot be reached (must list 2) and are also authorized to remove child from facility (must be at least 16 years of age).		
	Name	Phone	Relationship
	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
4. _____	_____	_____	
Health Information	Does your child need a medicine release form? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Special instructions/Health Problems: <i>(anything to benefit the care of your child)</i> _____		
	For persons with disabilities, please indicate in the space provided on the application any special accommodation needs such as sign language interpreter, preferred seating, etc. Prior notification of at least one week is needed for arrangements to be made for an interpreter.		
DRIVER'S EDUCATION STUDENTS ONLY: Does the student have any physical or other health related impairment that would impede the student from the normal operation of a motor vehicle. <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please provide an explanation on the back of this sheet and attach any other useful information or documentation for consideration.			
Office Use ONLY	Date: _____	Receipt #: _____	Book #: _____
	Fee Paid: _____		

Parent or Legal Guardian Signature