

STUDENT REGISTRATION FORM

Student Information

Student's Last Name: _____ Student's First Name: _____ Mi: _____

Student's Address: _____
Street Apt#
City State Zip

Grade/School: _____ Age: _____ Gender: _____

Does your child have any medical conditions?

- ☐ Asthma ☐ ADHD ☐ Autism ☐ Diabetes ☐ Heart Disorder
☐ Seizure Disorder ☐ Other: _____

Does your child have a current 504 or IEP plan? ☐ Yes ☐ No

Does your child have allergies? ☐ Yes ☐ No

Please list them _____

Do they require medication? ☐ Yes ☐ No

Do they require an Epi-pen? ☐ Yes ☐ No

If so, please explain _____

Student's Physician: _____ Phone: _____

Insurance Phone Number: _____ Policy Number: _____

*If we are not able to contact you or the physician named above, do we have your permission to take your child to the nearest emergency room, at your expense, and do we further have your permission to allow the medical staff to treat your child in the way they deem medically necessary for the well-being of your child? ☐ Yes ☐ No

Parent Signature: _____ Date: _____

PARENT INFORMATION

Parent/Guardian #1:

Last Name: _____ First Name: _____ Gender: _____

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Legal Guardian ☐ Foster Parent

☐ Other (please indicate relationship) : _____

Parent's Address: _____
Street Apt#
City State Zip

Parent's Cell Phone: _____ Parent's Home Phone: _____

Parent's Employer: _____ Work Phone: _____

PARENT INFORMATION (CONTD)

Parent/Guardian #2:

Last Name: _____ First Name: _____ Gender: _____

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Legal Guardian ☐ Foster Parent☐ Other (please indicate relationship) : _____

Parent's Address: _____

Street

Apt#

City

State

Zip

Parent's Cell Phone: _____ Parent's Home Phone: _____

Parent's Employer: _____ Work Phone: _____

EMERGENCY INFORMATION

Name	Cell	Relationship to Student
1.		
2.		
3.		
4.		

By signing below, you are verifying that all the information on this form is both accurate and verifiable.

Registering for

☐ Week of July 12-16☐ Week of July 19-23☐ Week of July 26-30☐ Week of August 2-6☐ Week of August 9-13☐ Week of August 16-20

Parent Signature: _____

Date: _____