

*SJB SUMMER DAY CAMP 2010*  
**REGISTRATION & EMERGENCY FORM**  
 (Please print clearly or type)

**Registration Fee: \$10.00**

Check the weeks your child will be attending:

Gr. 5k – Gr. 8

June: <input type="checkbox"/> 21 - 25	June - July: <input type="checkbox"/> 28 - 2	July: <input type="checkbox"/> 5 - 9	July - August: <input type="checkbox"/> 12 - 16
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**Student Information:**

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Social Security #: \_\_\_\_\_ Rank among siblings: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Primary Language spoken at home: \_\_\_\_\_

Student Living with:  Two Natural Parents  Mother & Stepfather  Father & Stepmother  Grandparent(s)  
 Mother  Father  Guardian  Other: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

**Father/Guardian:** \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Department: \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Department: \_\_\_\_\_

**EMERGENCY INFORMATION:** (Who do you want contacted in case of an emergency?)

<u>Relationship</u>	<u>Name</u>	<u>Phone Numbers</u>			
		<u>Home</u>	<u>Work</u>	<u>Cell</u>	<u>Pager</u>

<b>Names of all Brothers and Sisters at Summer Camp:</b>					
<u>Child's Name</u>	<u>Grade as of 2009 - 2010</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Rank among siblings</u>	<u>Grade entering in August</u>

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Particular Health Problems:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Medications taken regularly:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Medication to which the child is allergic:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

△ Please notify the office should this information change.

△ **St. John Bosco does not assume any financial obligation for any emergency care.**

**Required Information:** In case of accident or serious illness, I request St. John Bosco (SJB) to contact me. If SJB is unable to reach me, I hereby authorize SJB to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, SJB may make whatever arrangements it deems necessary. I understand I am responsible for providing and maintaining this information current at all times for the safety and welfare of my child(ren). I will promptly contact the SJB office regarding any changes or updates to this emergency information and request and complete the required Change of Emergency Information form.

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Hospital: \_\_\_\_\_

## PERMISSION

**I hereby grant permission to use my child's picture, or photograph for advertising camp brochure and camp news.**

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*