

SJB SUMMER DAY CAMP 2011

REGISTRATION & EMERGENCY FORM (PLEASE PRINT CLEARLY OR TYPE - COMPLETE BOTH SIDES)

Registration Fee: \$10.00

Check the weeks your child will be attending:

Gr. 5k - Gr. 8 (must be age 6 years to 14 years)

June: <input type="checkbox"/> 20 - 24	June - July: <input type="checkbox"/> 27 - 1	June - July: <input type="checkbox"/> 5 - 8	June - July: <input type="checkbox"/> 11 - 15
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Student Information:

Student: _____ Birth Date: _____ Grade: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

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

Names of all Brothers and Sisters at Summer Camp:					
Child's Name	Grade as of 2010 - 2011	Date of Birth	Social Security #	Rank among siblings	Grade entering in August

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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