

ST. JOHN BOSCO SCHOOL

5630 W. Commerce Street
San Antonio, Texas 78237

2010 SUMMER PREP REGISTRATION & EMERGENCY FORM (Please print clearly or type)

Registration Fee: \$10.00

Check the weeks your child will be attending:

Week(s) available for:

Gr. 5k – Gr. 8

June: 7-11 14-18

July: 19-23 26-30

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

Names of all Brothers and Sisters at Summer Prep:

Student Name	Grade as of 2009 - 2010	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