

ST. JOHN BOSCO SCHOOL

5630 W. Commerce Street
San Antonio, Texas 78237

2011 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:

3k – 4k							
June: <input type="checkbox"/> 6-10	<input type="checkbox"/> 13-17	<input type="checkbox"/> 20-24	<input type="checkbox"/> 27- Jul 1	July: <input type="checkbox"/> 5-8	<input type="checkbox"/> 11-15	<input type="checkbox"/> 18-22	<input type="checkbox"/> 25-29
Gr. 5k – Gr. 8							
June: <input type="checkbox"/> 6-10	<input type="checkbox"/> 13-17			July: <input type="checkbox"/>	<input type="checkbox"/> 18-22	<input type="checkbox"/> 25-29	

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 #: _____ Email: _____

Employer: _____ Position/Department: _____

Mother/Guardian: _____ Social Security Number: _____
Last First Middle

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

Work Phone #: _____ Home Phone #: _____

Cell Phone #: _____ Email: _____

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:					
<u>Student Name</u>	<u>Grade as of 2010 - 2011</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Rank among siblings</u>	<u>Grade entering in August</u>

2007 SUMMER PREP REGISTRATION & EMERGENCY FORM

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