



# St. John Bosco School

5630 W. Commerce Street  
San Antonio, Texas 78237

## 2017 Summer Oratory Registration and Emergency Information (Please print clearly or type)

**Registration Fee: \$25.00 (Non-refundable)**

**Check only the weeks your child will be attending:**

**Week(s) available for: Gr. 1 – Gr. 7** (in 2016-2017)

**June:**  5 - 9     12 - 16     19 - 23

**Student Information:**

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle (in 2016-2017)

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

Home Phone #: \_\_\_\_\_

Rank among siblings: \_\_\_\_\_ 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>Other</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Names of all Brothers and Sisters at Summer Oratory:**

<u>Student Name</u>	<u>Grade as of 2016 – 2017</u>	<u>Date of Birth</u>	<u>Rank among siblings</u>	<u>Grade entering in August</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**2017 Summer Oratory Registration and Emergency Form**  
**(ALL INFORMATION MUST BE COMPLETED)**  
**(Please print clearly or type)**

Particular Health Problems:

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

Medications taken regularly:

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

Medication to which the child is allergic:

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

△ **Please notify the office should this information change.**

△ **St. John Bosco School (SJB) does not assume any financial obligation for any emergency care.**

**Required Information:** In case of accident or serious illness, I request St. John Bosco School (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 prep brochure and prep news.**

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

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

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