

STUDENT REGISTRATION AND EMERGENCY MEDICAL AUTHORIZATION FORM

St. Joseph School Arts and Crafts Summer Camp

2010

Student's Full Name _____ Age _____

Student's Home Address _____

Home Phone _____ Date of Birth _____ Current Grade _____

Please circle the session you are registering your child for:

- ◆ Session 1; June 14th - 18th
- ◆ Session 2: June 21st - 25th

PAYMENT

A non-refundable registration fee of \$50.00 is due with this form. The remainder of the program cost, \$150.00, is due on June 1st. Checks only. Please make check payable to St. Joseph School. If you are put on a waiting list for either session, the \$50.00 registration fee check will not be cashed until your child has been guaranteed placement.

<u>Mother's Information</u>	<u>Father's Information</u>
Name _____	Name _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Business Phone _____	Business Phone _____
Cell Phone _____	Cell Phone _____
Daytime Phone _____	Daytime Phone _____

General Medical Information: Please circle any conditions that affect your child.

<ul style="list-style-type: none">◆ Allergies◆ Hearing◆ Asthma◆ Heart◆ Bronchitis	<ul style="list-style-type: none">◆ Peanut Allergy◆ Epilepsy◆ Eyes◆ Other _____	Describe any conditions that you have circled, medication(s) that your child takes, or any conditions that would limit your child's activity: _____ _____ _____ _____
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IF APPLICABLE:

Custodial or Legal Guardian _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____ Home Phone _____

EMERGENCY AUTHORIZATION: (In an emergency we will always call 911 first.)

I authorize you to call Dr. _____ Phone _____

My choice of hospital is 1) _____

2) _____

(Parents are responsible for any and all medical services, including ambulance.)

I give authorization for either a family member or friend to pick up my child in the event I cannot be reached, (to include illness, appointments, and emergency evacuation). **Please make sure all numbers are current.** It is imperative that someone be available at all times in case of emergencies.

Please list in order of preference:

1) Name _____ Relationship _____ Day Phone _____ Cell Phone _____	2) Name _____ Relationship _____ Day Phone _____ Cell Phone _____
3) Name _____ Relationship _____ Day Phone _____ Cell Phone _____	4) Name _____ Relationship _____ Day Phone _____ Cell Phone _____
5) Name _____ Relationship _____ Day Phone _____ Cell Phone _____	6) Name _____ Relationship _____ Day Phone _____ Cell Phone _____

Parent/Custodial or Legal Guardian Signature:

_____ Date _____