



Summer Camp 2012 Student Profile Form

Please complete & return with a non-refundable registration fee of \$25.00. Space is limited in each class, so please complete this form and turn it in with your registration fee at least one week before the class starts or as soon as possible to secure your seat.

Child's full name:

Name child responds to.....

Date of birth (DD/MM/YY)
.....

Child's home address:

Mailing address.....
.....

Email address..... Home phone

Parent or Guardian information

Father's name.....

Address:

Home Phone.....Work Phone:.....

Cell Phone.....Email.....

Mother's name.....

Address:

Home Phone.....Work Phone:.....

Cell Phone.....Email.....

Pick-up

Persons authorized to pick up child:

.....
.....
.....

Personal History

Does child have any allergies?..... Are there any medical problems of which we should be aware?.....

Are there any special food or eating instructions?.....

Permission for Health Care

Child's physician

Phone contact:

Authorized Adults

In the event of an emergency, in which you cannot be reached, please indicate the names and phone numbers of three other authorized persons.

Name:..... Phone:.....

Name:..... Phone:.....

Name:..... Phone:.....

First aid

In the event of an emergency I authorize the staff to provide any first aid deemed necessary for my child.

.....
Signature/Date

Emergency Care

In the event of an emergency in which I cannot be reached, the physician listed above and/or _____ hospital are hereby authorized to provide any emergency care deemed necessary for my child. I hereby authorize the transfer of my child's health record to the above hospital.

.....
Signature/Date

Field Trips

I hereby give my consent for my child to attend all school field trips. I understand that seat belted buses are used and that I will be informed prior to each scheduled trip.

.....
Signature/Date

Photos

I give the school permission to take photos of my child in a class room to be used for future school promotional and advertising.

.....
Signature/Date

Sickness

I am aware that the school's policies prohibit sick children at school. I will not bring my child to the school displaying signs of illness e.g. runny nose, diarrhea, rash or fever. I understand that if my child becomes ill during the day, it is my responsibility to collect him/her promptly.

.....
Signature/Date