Summer Quest

2012 Student Registration Information

Student Information

Name of Student(s), (please list oldest first)	Birthdate	Grade in 2011 - 12	
_____	_____	_____	❑Male ❑Female
_____	_____	_____	❑Male ❑Female
_____	_____	_____	❑Male ❑Female
_____	_____	_____	❑Male ❑Female

Student's Permanent address _____

Mailing address _____

Telephone _____

Parent Information

Father's Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

Employer _____

Work Phone _____

Cell Phone _____

email _____

Mother's Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

Employer _____

Work Phone _____

Cell Phone _____

email _____

Does another person share custody of this student? ❑ Yes ❑ No

Medical

(limitations, allergies and comments):

Insurance Information:

Company: _____

Policy Issued to: _____

Policy # _____

Emergency Contact Information

In case my child becomes ill or involved in an accident and neither parent can be reached, please contact:

First Choice _____ Telephone _____

Second Choice _____ Telephone _____

People, in addition to those listed above, who have permission to pick up my child(ren) from school premises:

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Medical Information

Family Physician _____ Telephone _____

Dentist _____ Telephone _____

Do we have your permission to give your child the recommended dosage of acetaminophen (Tylenol)? ❑**Yes** ❑**No**

Please check which of the following statements applies to you.

❑ If an emergency should arise which requires immediate medical attention and we as parents or guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of my child. We will also assume financial responsibility for medical costs incurred by the school for such emergency medical treatment.

Signature _____ Date _____

Agree Disagree

Model Release

❑ ❑ *I hereby grant Baymonte Christian School and its legal representatives, the irrevocable and unrestricted right to use and broadcast video images and or photographs of my student(s) or that includes my student(s) for the school yearbook, newsletters, web pages, promotional purposes, advertising, trade and any manner and medium. I hereby release the videographer/photographer and their representatives from all claims and liability relating to said images.*

Field Trip Permission Slip

❑ ❑ *I give permission for my student(s) to participate in school sponsored field trips. Notices will be sent home with your child prior to each trip for your information.*

Signature _____ Date _____