



## Student Profile Form

Please complete & return with registration fee. Space is limited in each class, so please complete this form and turn it in with your registration fee one week before the first day of camp, 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