

## Holy Spirit Church Summer bible School Registration Form

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade Fall of 2011 \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### EMERGENCY CONTACT

NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

CAR POOL Yes / No NAMES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FOOD & RX ALLERGIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

CHRONIC CONDITIONS \_\_\_\_\_

SPECIAL NEEDS \_\_\_\_\_

\_\_\_\_\_

\* Fee for Summer bible School is \$40.00 per child.

\*\* Eligible children will be entering 1<sup>st</sup> through 5<sup>th</sup> grades this Fall.