



CHRISTIAN PRESCHOOL

SUMMER CAMP REGISTRATION

FILL IN ALL BLANKS—ONE FORM MUST BE SUBMITTED FOR EACH STUDENT

(Please Print)

Student Name : _____ Nickname: _____
(First) (Middle) (Last)

Circle One: Male Female Birth Date: _____ Grade Entering: _____

First Contact (Parent/Guardian Only)

First Contact Name _____ Relationship to student: _____

Custody? **Y N** Email _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact's Employer _____ Position _____

Second Contact (Parent/Guardian unless none available)

Second Contact Name _____ Relationship to student: _____

Custody? **Y N** Email _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact's Employer _____ Position _____

MEDICAL INFORMATION

Doctor's Name _____ Phone number _____

List any medical conditions, allergies, or alerts the school should be aware of: _____

AUTHORIZED PICKUPS list any other persons approved to pick up your child. They will be required to show photo ID.

- 1. Name: _____ Relationship: _____
- 2. Name: _____ Relationship: _____
- 3. Name: _____ Relationship: _____
- 4. Name: _____ Relationship: _____
- 5. _____

By signing below, you are stating that this information provided in this enrollment packet is true and correct to the best of your knowledge. You are also giving consent for Baymeadows Christian Academy & Preschool to provide any emergency dental or medical prescribed by a duly licensed physician or dentist.

Parent/Guardian Signature

Date of Application