

# REGISTRATION ST. JOHN PAUL II 2017 SUMMER ENRICHMENT

Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Grade in August 2017 \_\_\_\_\_

Mother \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Work \_\_\_\_\_

Father \_\_\_\_\_

Father's Cell \_\_\_\_\_ Work \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
**Parent's Name Printed**

\_\_\_\_\_  
**StJPII Family ID (Carpool #)**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**Will this student enroll in the Before and After School Program?**

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, : AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH \_\_\_\_\_

**The BASP program closes at 5:30 pm. Parents whose children remain past 5:30 pm must pay the overtime fees of \$2.00 per minute per child in cash immediately to the caregiver.**

## Medical Information

Is there anything we should know about your child's physical condition (medication, allergies, etc.)?

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I hereby release St. John Paul II Catholic School and all of its employees and agents from all claims on account of any injuries which may be sustained by my child while attending the Summer Enrichment Program, and its employees and agents for any claim which may be hereafter presented by my child.

I hereby certify that my son/daughter is in good health and may participate in all activities. In case of emergency, I give permission for my child to be given emergency treatment.

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

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_