

## 2015 Registration Form

### Student Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Gender: M  F

Grade entering in Fall 2015: \_\_\_\_\_

Current School: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent/Guardian Information

Parent(s)/ Guardian(s) Name(s) \_\_\_\_\_

Work Phone (1): \_\_\_\_\_

Work Phone (2): \_\_\_\_\_

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

Cell Phone (1): \_\_\_\_\_

Cell Phone (2): \_\_\_\_\_

Email (1): \_\_\_\_\_

Email (2): \_\_\_\_\_

Please list anyone, other than the above, authorized to pick up student at dismissal time, including older siblings.

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Emergency Medical Information

Please list at least one emergency contact other than a parent:

Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What health conditions/concerns, such as allergies, should we be aware of?

How are they treated? \_\_\_\_\_

What medications, if any, are used?

Are your child's immunizations up to date?  Yes  No

Please attach any additional information, medical or otherwise, that you believe would be useful for the Summer Academy staff.

**Permissions: Medical:** In the event the undersigned, or our (my) authorized physician cannot be reached, and in the judgment of the director or other staff member a necessity exists for immediate examination and/or treatment of our (my) child (ward), we (I) hereby authorize any of the aforesaid personnel to obtain for said child to receive such medical services. **Hold Harmless:** As a condition of my child's (ward's) voluntary participation in Summer Academy, I agree to waive any claim and to hold St. Andrew's Episcopal School harmless for additional injuries to my child (ward), providing St. Andrew's Episcopal School and/ or its agents have acted with reasonable care to provide safe conditions and adequate supervision for school-sponsored activities. Conduct: I hereby agree that my child (ward) acknowledges and will abide by the behavior conduct rules and regulations. **Field Trips:** I hereby give my permission for my child (ward) to take field trips supervised by SAES Summer Academy teachers and/ or staff during the Summer Academy programs. I understand that I will receive advance notice when additional costs for field trips are involved.

Parent/ Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_