

NEW RIVER ACADEMY

Date of Registration _____

APPLICATION for ENROLLMENT – SUMMER CAMP

*A nonrefundable registration fee of \$40/family must accompany this form.

Student Information: Date of Birth _____ Sex: M F Grade entering _____ 2008/09

Full Name: _____
Last First MI Nickname

Address: _____

Primary hours of Care: from _____ to _____ M T W TH F

Names/ages of siblings attending this summer camp _____

Family Information: Child lives with _____
Custody: Mother Father Both Other _____

Mother's Name _____	Father's Name _____
Address _____	Address _____
Phone _____	Phone _____
Work _____	Work _____
Cell _____	Cell _____

Medical Information: I hereby grant permission to the staff of this facility to contact the following medical personnel in order to obtain medical care if needed.

Doctor _____ Addr _____ Phone _____

Doctor _____ Addr _____ Phone _____

Dentist _____ Addr _____ Phone _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. If that parent or guardian cannot be reached, the following people will be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency:

Name	Address	Phones: work	home	cell
Name	Address	Phones: work	home	cell
Name	Address	Phones: work	home	cell
Name	Address	Phones: work	home	cell

Parent or Guardian _____

Date _____