

Summer School Registration Form
Summer 2008

CHILDREN TO BE ENROLLED

Last Name, First Name

Grade (last completed)

1. _____
2. _____
3. _____
4. _____
5. _____

PARENT INFORMATION

Mother/Guardian _____ Employer _____
Work Phone _____ Home Phone _____ Cell Phone _____
Address _____ Zip Code _____

Father/Guardian _____ Employer _____
Work Phone _____ Home Phone _____ Cell Phone _____
Address _____ Zip Code _____

**FOR YOUR CHILD'S SAFETY, LIST ALL PERSONS TO WHOM CHILD MAY
BE RELEASED
(DO NOT LEAVE BLANK)**

Name	Phone #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EMERGENCY INFORMATION

Name of person other than parent, authorized to act for parent in an emergency

Name _____ Employer _____
Work Phone _____ Home Phone _____ Cell Phone _____
Address _____ Zip Code _____
Name of Physician _____ Phone # _____

ALLERGIES/MEDICATIONS: _____

All emergencies needing immediate attention will be taken to Middle Tennessee Medical Center

Please describe any medical conditions
