

Redlands Christian School
1145 N. Church St. Redlands, CA 92374
Phone: (909) 793-5172 Fax: (909) 335-9593

Summer Day Camp Registration Form

Monday, June 15, 2009 - Friday, August 7, 2009

(Please complete this form in its entirety and print clearly)

Parent Information

Father/Guardian _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
SSN _____	Driver's License # _____	Date of Birth ____/____/____	
Home Phone # _____	Work Phone # _____	Cell/Pager # _____	
Address: _____			<input type="checkbox"/> Billing Address
Mother/Guardian _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
SSN _____	Driver's License # _____	Date of Birth ____/____/____	
Home Phone # _____	Work Phone # _____	Cell/Pager # _____	
Address: _____			<input type="checkbox"/> Billing Address
(only if different than above)			

Student Information

1.) Student

Name _____

Last Name *First Name* *Middle Name* *AKA*

Grade for 2009-2010 _____ SSN _____ Date of Birth ____/____/____ Female Male
(Please check)

CAN YOUR STUDENT SWIM? Yes No (If no, please send along a life jacket.)

2.) Student

Name _____

Last Name *First Name* *Middle Name* *AKA*

Grade for 2009-2010 _____ SSN _____ Date of Birth ____/____/____ Female Male
(Please check)

CAN YOUR STUDENT SWIM? Yes No (If no, please send along a life jacket.)

3.) Student

Name _____

Last Name *First Name* *Middle Name* *AKA*

Grade for 2009-2010 _____ SSN _____ Date of Birth ____/____/____ Female Male
(Please check)

CAN YOUR STUDENT SWIM? Yes No (If no, please send along a life jacket.)

Emergency Contacts

In case of an emergency, we will attempt to contact the parent(s)/guardian(s) first. In the event that the parent(s)/ guardian(s) cannot be reached, please provide a list of three (3) additional contacts that have been given permission to consent for emergency medical treatment for your child. Please indicate with each contact if your child may be released to the contact for emergencies only or if your child may be released to the contact for a normal day pick-up.

1.) Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Last Name</i> <i>First Name(s)</i> </div> Relationship to child _____	Phone # _____ <input type="checkbox"/> Emergency Only <input type="checkbox"/> Emergency and Normal Pick-up
2.) Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Last Name</i> <i>First Name(s)</i> </div> Relationship to child _____	Phone # _____ <input type="checkbox"/> Emergency Only <input type="checkbox"/> Emergency and Normal Pick-up
3.) Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Last Name</i> <i>First Name(s)</i> </div> Relationship to child _____	Phone # _____ <input type="checkbox"/> Emergency Only <input type="checkbox"/> Emergency and Normal Pick-up
4.) Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Last Name</i> <i>First Name(s)</i> </div> Relationship to child _____	Phone # _____ <input type="checkbox"/> Emergency Only <input type="checkbox"/> Emergency and Normal Pick-up

Medical/Insurance Information

Health Plan: _____ Health Plan ID #: _____

Doctor's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

Medical Needs: _____

Allergies: _____

By signing below, parents/guardians represent that they have read and fully understand all provisions of this contract. By signing, parents/guardians agree to all terms and regulations in this application contract.

Father/Guardian Signature
Mother/Guardian Signature
Date

Also enclosed in this packet are the following forms to be filled out and returned:

- T-Shirt Order Form Permission Slip/Authorization of Consent Sign Up Sheet