



ST. HELEN KIDS FOR CHRIST REGISTRATION



Please Print

CHILD'S INFORMATION

Name _____

Home Phone _____ Cell Phone _____

Address _____ Zip _____

Age _____ Date of Birth _____

School Attending _____ Grade in Fall, 2009 _____

PARENT/GUARDIAN SECTION

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Email _____

Please print clearly!

MEDICAL/EMERGENCY INFORMATION

Any allergies or special needs/concerns/dietary restrictions, health concerns, medicines currently taking _____

Emergency Information (if parents can't be reached)

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Health Insurance _____ Policy # (last 4 digits) _____

Primary Care Physician _____ Phone _____

Parent must read and sign below:

I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical emergencies, and for the release of medical records to an attending health worker in case of illness or accident. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give my permission for a qualified physician to secure proper treatment for my child.

Parent/Guardian Signature _____ Date _____