KSS Programs Summer Camps at St. John Academy 2012 Registration Form

	PLEASE COMPLETE ONE FORM PER CHILD DO NOT leave any spaces blank; write N/A if not applicable. STUDENT INFORMATION				KSS P.O. Box 16211 Alexandria, Va. 22302		
Please attach a recent photograph to help us get to know your child and direct him/her to appropriate classes.	Last Name	First Name	e Middle Initial	Lil	ikes to be Called		☐ Male □ Female
	Date of Birth (mm/dd/yyyy) Size for KSS T-shirt:	□ XS-youth	S-youth M-youth	L-youth XL-yo	outh 🛛 S-adult	🗌 M-adult	🗆 L-adult

PARENT/GUARDIAN INFORMATION

Parent/Guardian I 🗆 Mr. 🗆 Mrs. 🗆 Ms. Dr. cannot be reached in an emergency. These contacts must be different from parent(s)/guardian(s). Last Name First Name Contact #1: Last Name First Name Home Address - Street Home Address - Street City State Zip City State Zip Home Phone Cell Phone Home Phone Cell Phone Employer Work Phone First Name Contact #2: Last Name E-mail Address Home Address - Street Parent/Guardian 2 \square Mr. Mrs. □ Ms. Dr. Zip City State Last Name First Name Home Phone Cell Phone Home Address - Street **DISMISSAL INFORMATION** The following adults, in addition to parent(s)/guardian(s) and the two emergency contacts listed above, are authorized to pick up my child: City Zip State Last Name First Name Relation Home Phone Cell Phone First Name Relation Last Name Employer Work Phone

E-mail Address

MEDICAL INFORMATION & AUTHORIZATION Child's Physician Office Phone Insurance Name & Policy Number Does your child have any allergies or intolerance to food, medication, or other substances? 🛛 Yes D No If yes, please state substance and action to take in an emergency: disease immediately. Will your child require prescription medication during The Khary Stockton Summer Programs? □ Yes D No Signature of Parent/Guardian

List any health or developmental conditions of which the staff should be aware:

EMERGENCY CONTACT INFORMATION

Virginia law requires the names of two additional adults to contact in the event parent(s)/guardian(s)

I understand that The Khary Stockton Summer Programs staff will notify me if my child becomes ill and I will arrange to have my child picked up as soon as possible. The Khary Stockon Summer programs or its representative(s) has my permission, in an emergency when I cannot be located immediately, to provide emergency medical attention and, if necessary, to transport my child at my expense to the emergency room at the nearest hospital. The hospital and medical staff have my permission to provide treatment which is deemed necessary for the well-being of my child. I will notify The Khary Stockton Summer Programs within 24 hours or the next business day if my child or any member of my immediate household has developed any reportable communicable disease. I will report a life-threatening

Submit registration form and deposit to:

COURSE SELECTION

Please check the class(es) you would like to have your child attend. Classes are listed by start time. Please refer to the class descriptions

