



EAGLES SUMMER CAMP REGISTRATION 2024

Please complete all fields below

STUDENT INFORMATION

Student Name: Last: First: Middle:		Grade:
Address:		City, State Zip:
Home Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Birthdate:
Place of Birth:		
Previous school attended:		
Religion:		Ethnicity: <input type="checkbox"/> American Indian / Native Alaska <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Haitian
Field trip Authorization <input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorization of water days and outdoor play circuits in the sun <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Select One: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

Student Lives with: Both Parents Mother Father Guardian:

Mother's/Guardian Name: <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Father's/Guardian Name:
Mother's Address: (If different than student) City, State Zip:	Father's Address: (If different than student) City, State Zip
Place of Birth	Place of Birth
Cell Number:	Cell Number:
Work Number:	Work Number:
Email:	Email:
Employer:	Employer:
Position:	Position:
Living: <input type="checkbox"/> Yes <input type="checkbox"/> No Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INFORMATION

Emergency Contact(not parent)	Relationship:	Phone #:
Emergency Contact(not parent)	Relationship:	Phone #:
Allergies:		
Medical conditions/Medications:		
Behavior, academic or psychological evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Names of person(s) with permission to pick-up student during school hours:

I, as Parent or Legal Guardian, acknowledge that I have read the entire contents of the Parent-Student Handbook and understand the consequences of any violations of the rules and policies of the school. I certify, to the best of my knowledge, that the information provided is true and accurate.

Parent/Guardian signature:

Date: