

Summer Programs 2012

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|---|--|--|-------------------------------------|
| <input type="checkbox"/> Summer Day Camp | <input type="checkbox"/> Hands On Science | <input type="checkbox"/> Mystery Quest | <input type="checkbox"/> Jump Start |
| <input type="checkbox"/> 5 days Half Full | <input type="checkbox"/> 3yrs & 4yrs | <input type="checkbox"/> 2 nd & 3 rd | <input type="checkbox"/> After Camp |
| <input type="checkbox"/> 4 days Half Full | <input type="checkbox"/> K & 1 st | <input type="checkbox"/> 4 th & 5 th | Exploration |
| <input type="checkbox"/> 3days Half Full | <input type="checkbox"/> 2 nd & 3 rd | <input type="checkbox"/> 6 th & 7 th | <input type="checkbox"/> Learn |
| | | | Japanese |

Student Information:

Student's Full Name _____ Male Female
 Nickname _____ Student's Age _____

Parent Contact Information:

Father's Full Name: _____

Employer _____ Occupation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Mother's Full Name: _____

Employer _____ Occupation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Family Information:

Home Address _____

City/State/Zip _____

Mailing Address _____

City/State/Zip _____

Sibling Name: _____ Age: _____

Sibling Name: _____ Age: _____

Sibling Name: _____ Age: _____

Sibling Name: _____ Age: _____

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Emergency Information:

Local Emergency Contact:

Must Be Someone Other than Parent

1. _____ Phone number(s) _____
2. _____ Phone number(s) _____
3. _____ Phone number(s) _____

Pick-up Authorization:

Students Will Not Be Released To Anyone Other Than A Parent If They Are Not On This List.

1. _____ Phone number(s) _____
2. _____ Phone number(s) _____
3. _____ Phone number(s) _____

Emergency Information

Medical Alert: Yes No

If yes, identify: _____

Known Allergies _____

Medications currently being taken _____

CRA staff is *authorized* to apply/administer the following first aid/ medications:

- First Aid (please check): Antibiotic Ointment (Neosporin)
 First Aid Ointment/Gel (Hibiclens)

In the event that they consider it necessary, I hereby extend permission to the Compass Rose Academy staff members responsible for my child, to provide emergency first aid, to seek medical assistance, and/or to call a doctor. Appropriate transportation either by a Compass Rose Academy staff member, Compass Rose Academy representative, or ambulance may be arranged to an appropriate health care facility or hospital.

Parent/Guardian Signature _____ **Date** _____