



# REGISTRATION FORM 2017

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Session(s) Child Will Attend:

Week of:

- June 19 The Amazing Race
- June 26 Animal planet
- July 3 Disney (July 4<sup>th</sup> no session, fees will be adjusted)
- July 10 Emergency Services
- July 17 Fairy Tales
- July 24 Fun & Fitness
- July 31 I Love the 80's
- August 7 Storytellers
- August 14 Under the Sea

\*Billing will follow. 50% deposit due within 2 weeks of registration.

Parent/Guardian Information

Mother/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Emergency Contact

The person(s) to contact in the event parent/guardian cannot be reached.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Information

Known Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known Allergies (food, medication, seasonal, animals, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Medication to be Administered:

\_\_\_\_\_  
Must complete Authorization for Administration of Medication Form and provide forms completed by the physician.

Emergency Information

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child, and for the cost and expense of any medical treatment should such become necessary while my child is participating in the field trip.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child by a physician, qualified nurse and/or hospital or other health care facility while my child is participating in the Corpus Christi Summer Extension including all onsite and offsite activities. Further, I hereby release and discharge Corpus Christi School, the Hartford Roman Catholic Diocesan Corporation ( the Archdiocese of Hartford,) its/ their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability arising out of such medical treatment.

Type of insurance – Please check \_\_\_\_\_ Blue Cross/CMS \_\_\_\_\_ Connecticare \_\_\_\_\_ Other

Membership # \_\_\_\_\_

Name of child’s regular physician \_\_\_\_\_

Telephone # (    ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_