

For Office Use Only:
Class Assignments _____

Date Registered _____

Birth Cert. Rec'd _____

Payment Rec'd _____

(For Office Use Only)



RE-REGISTRATION FORM

(\$35.00 Re-Registration Fee)

___ Check here if this is a Kindergarten Registration)

___ Check here if this is for "Year to Grow Program"

School Year 2012-2013

Check one and circle which days per week:

___ 2 days M Tu W Th Fr

___ 3 days M Tu W Th Fr

___ 5 days M Tu W Th

Home e-mail address _____
(alternate school correspondence and billing purposes)

Child's Name _____

Date of Birth _____ Male _____ Female _____

Mailing Address _____

Home Address _____

Home Phone _____

Your Public School District _____

Father's Name _____

Mother's Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cellular _____

Cellular _____

Dad's Business _____

Mom's Business _____

Address _____

Address _____

Business Phone _____

Business Phone _____

Child's Religion _____

Child baptized? ___ Yes ___ No

Church Affiliation _____

Marital Status: Married ___ Separated ___ Divorced ___ Single ___ Widow ___

Number of Brothers _____ Names of Brothers _____

Number of Sisters _____ Names of Sisters _____

PRELIMINARY MEDICAL INFORMATION

Child's Physician _____

Physician's Phone Number _____

CUSTODIAL INFORMATION

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate documents. (Court Order required)

Should notices be sent to the non-custodial parent? _____ Yes _____ No

SIGNATURE _____ DATE _____

MEDICAL EMERGENCY

In the event that a medical emergency occurs I authorize CAMP AUXILIUM to seek emergency medical care for my child as deemed necessary by the Director.

SIGNATURE _____ DATE _____

OVERALL PERMISSION SLIP

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN WALKING TRIPS ON THE CAMPUS OF CAMP AUXILIUM CENTER. I UNDERSTAND THAT THESE TRIPS WILL BE SUPERVISED AND CONDUCTED IN A SAFE AND ORDERLY MANNER .

SIGNATURE _____ DATE _____

I understand and agree to comply with my tuition and fees obligations to Camp Auxilium Learning Center for the 2012-2013 School year.

Parent/ Guardian Signature Date _____