

For Office Use Only:  
Class Assignments \_\_\_\_\_

Date Registered _____
Birth Cert. Rec'd _____
Payment Rec'd _____
(For Office Use Only)



# REGISTRATION FORM

(\$100.00 Registration Fee)  
\_\_\_\_ Check here if this is a Kindergarten Registration)  
\_\_\_\_ Check here if for "Year to Grow Program

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 Fr

School Year 2012-2013

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.

\_\_\_\_\_  
Date \_\_\_\_\_  
Parent/Guardian Signature