

St. Pauls 2012 Student Information Form

Name _____

Date of Birth _____ Current Grade _____ School _____

Street Address _____

City & Zip _____

Home Phone _____

Allergies? _____ If "yes" please list _____

Special Medical Condition? _____ If "yes" please describe _____

Church home? _____ If "yes" please list _____

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Parent Information:

Mother's Name _____ Father's Name _____

Cellular # _____ Cellular # _____

Work # _____ Work # _____

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In case of emergency if unable to contact parents please contact:

Name _____ Number _____

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Persons authorized to pickup children in addition to parents and emergency contact:

.....
I give permission for _____ to participate in all 2012 BLAST activities and allow them to have their photos taken by staff to be used in church publications.

I understand that all fees are due in advance. I also agree to pick-up my child by the agreed upon time or I will pay \$1.00 per minute/per child fee at the time of pick-up.

Parent Signature