

**Friends School of Charlotte  
2012 Summer Program Registration Form**

Please complete and return with payment to: Friends School of Charlotte/7001 Wallace Road, Suite 400/Charlotte, NC 28212

Please indicate for which program you wish to register your child:

\_\_\_\_\_ Peace Camp July 9-13, 2012

\_\_\_\_\_ Wordly Art, July 16-20, 2012

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Street

City, State

Zip

**Parent 1**

**Parent 2**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Daytime Contact # \_\_\_\_\_

Daytime Contact # \_\_\_\_\_

Alternate Contact # \_\_\_\_\_

Alternate Contact # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contacts in the event that a parent cannot be reached:**

\_\_\_\_\_  
Name Contact # Alternate #

\_\_\_\_\_  
Name Contact # Alternate #

**List below those people who may pick up your child after camp**

\_\_\_\_\_  
Name Driver's License Number

\_\_\_\_\_  
Name Driver's License Number

\_\_\_\_\_  
Name Driver's License Number

**Insurance Information**

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

**Significant Medical Information**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Does your child have any chronic illnesses or injuries? \_\_\_\_\_

Any known allergies? \_\_\_\_\_

List any medications your child takes routinely \_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_

Does your child use an asthma inhaler? \_\_\_\_\_ Is it necessary for participation in activities? \_\_\_\_\_

Does your child wear corrective lenses?      Glasses                      Hard Contacts                      Soft Contacts

**Child's Name** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**My son/daughter, named above, has permission to fully participate in all Friends School of Charlotte Summer Program activities during the 2010 summer program.**

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

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

**I/We, as legal guardian(s), do hereby grant Friends School of Charlotte summer program staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless Friends School of Charlotte and its agents from liability arising out of an accident situation. The North Carolina Good Samaritan Law will apply.**

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

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

**I/We give permission to Friends School of Charlotte to use, for publicity and marketing purposes, photographs of, statements from, and work produced by my child in the Summer Program. (Please note that our standard practice will be to not include a student's name with his/her photo. We may occasionally use a first name in an individual or group photo.)**

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

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