

ST. HUGH CATHOLIC SCHOOL 2017 SUMMER PROGRAM

Child's name _____ Grade entering _____ Home phone _____
Last First Middle Initial

Preferred name _____ Sex M ___ F ___ Birthdate ____/____/____

Child's address _____ City _____ State _____ Zip Code _____

Mother/Guardian's name _____ Home phone _____

Address _____ City _____ State _____ Zip Code _____

Mother's Email _____

Mother's Cell phone _____ Work Phone _____

Father/Guardian's name _____ Home phone _____

Address _____ City _____ State _____ Zip Code _____

Father's Email _____

Father's Cell phone _____ Work Phone _____

Child's Physician _____ Phone _____

May the school contact another physician if unable to contact above? Yes _____ No _____

Other persons to be notified in case of illness or accident:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Persons **permitted** to remove the child from school other than above:
Please use other side if needed.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

MEDICAL INFORMATION: Please list all medical alerts/allergies:

Parent/Guardian signature: _____

Additional persons permitted to remove child from school:

Name _____ **Phone** _____

Name _____ **Phone** _____

Name _____ **Phone** _____

Name _____ **Phone** _____

Name _____ **Phone** _____

Name _____ **Phone** _____

Name _____ **Phone** _____

Name _____ **Phone** _____