

Registration

Gaston Day School
Summer Camp 2019



Mail to:

Florence Kane
Gaston Day School
2001 Gaston Day School Road
Gastonia, NC 28056
Phone: 704-864-7744, ext. 125

There is a separate registration form for Summer Adventure Care/Extended Care

Please PRINT: *Email Address*

<i>Applicant's Name (Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>Age</i>
<i>Mother's Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Father's Street Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Mother's Name</i>	<i>Father's Name</i>		
<i>Home Telephone</i>	<i>Mother's Daytime and Cell Phone</i>	<i>Father's Daytime and Cell Phone</i>	

Applicant's School & Grade in School (Fall, 2019) *School Attending Now (if different from fall 2019)*

Emergency Medical Information

<i>Physician's Name</i>	<i>Physician's Telephone</i>	<i>Hospital Preference</i>
<i>Insurance Company</i>	<i>Policy Number</i>	<i>Phone Number</i>

Please check here if you do not have medical insurance

Are there any special medical conditions or other information of which the school should be aware?

<i>Local Emergency Contact Other Than Parent</i>	<i>Phone Number</i>	<i>Work and/or Cell Phone Number</i>
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Waiver

In the event that my child needs medical attention, I authorize the school and give my consent to the school to provide such service and/or to transport my child to a hospital or treatment facility. I hereby certify that my child is in good health and may participate in all activities. I hereby give my permission for my child's picture to appear in future publications. I give permission for my child to ride in school-provided transportation to camp activities as necessary.

<i>Parent/Guardian Signature</i>	<i>Date</i>
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