

CCM SUMMER ACADEMY

REGISTRATION FORM

General Information

Name: _____
(Last) (First)

Date of Birth: _____
(Month) (Date) (Year)

Gender: _____

Race (Optional): _____

School Presently Attending: _____

Grade in the fall: _____

Child's Mother/Guardian

Name: _____
(Last) (First)

Address: _____

Occupation: _____

Employed By: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Best phone to reach you: _____

Child's Father/Guardian

Name: _____
(Last) (First)

Address: _____

Occupation: _____

Employed By: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Best phone to reach you: _____

Emergency Information:

Please list two persons, other than those mentioned as parents or guardians, usually available during the hours of the academy, who are willing to care for and pick up your student if he/she becomes ill and the primary contact is unreachable (parents or guardians will be contacted first).

Name: _____
(Last) (First)

Relationship to Student: _____

Daytime Phone Number: _____

Name: _____
(Last) (First)

Relationship to Student: _____

Daytime Phone Number: _____

Health Information:

Please list any allergies, or medical conditions that your student may have:

Photo Release:

Your student may be photographed or videotaped for inclusion in various publications and websites, in newspapers, magazines, letters, or articles relating to the academy and the activities that ensued.

Please check: ___ yes, I give my permission ___ no, I do not give my permission

Interest/ Hobbies:

Please list any of the student's interests or hobbies:

Parent/Guardian's signature _____