

ST. PATRICK GRAMMAR SCHOOL
SUMMER PROGRAM REGISTRATION FORM
2007-2008 SCHHOL YEAR

Child's Name	_____ Male _____ Female
Parent's Name	Parent's Name
Child's other names	
Child's date of birth _____/_____/_____	Current Age
Child's present School, City & State	Grade completed 2007-2008

Name of Parent(s)/Guardian(s) - (Please state Title: Mr, Mrs, Dr, etc)
Child's permanent address, including city, state and zip:
Parent Contact Numbers:
Parent's Name _____
Telephone Number (work) (_____) _____
Telephone Number (Home) (_____) _____
Telephone Number (cell) (_____) _____
Parent Email: _____

Emergency Contact Numbers:

Please provide 2 Emergency Contact persons(other than parent):

Emergency Contact #1 (Name) _____

Emergency contact# 1 (phone) (_____)_____

Emergency Contact #2 (Name) _____

Emergency contact# 2(phone) (_____)_____

Health information:

Please provide any pertinent health information that is necessary to care for your child:

Please also include if there are any allergies to food or medicine.

Please register my child for the following courses at the grade level indicated:

Mathematics	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8
Science	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8
Social Studies	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8
Reading	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8
Handwriting	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8
Language Arts/English	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8
Religion	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8
Physical Education/gym	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8
Arts &Crafts	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8
Music	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8
Dance	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8
Computers	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8
Skills Tutor	_____	Grade 5	_____	Grade 6	_____	Grade 7	_____	Grade 8