

Registration Form

NAME _____ AGE _____
Last First M.I.

GRADE _____ ADDRESS _____

NAME OF PARENTS/GUARDIAN _____ PHONE# _____

ADDRESS _____ WORK# _____

EMERGENCY CONTACT

NAME _____ PHONE# _____

The information below is for food allergy. You must mark the following that apply:

Tree nuts (walnuts) Milk Shellfish Fruits (list)
 Beans (list) Eggs Soy Peanuts
 Other Foods (list) No food allergies

If you have checked any of the food allergies above, please list the specific information below:

MEDICAL INFORMATION

Please indicate any medical conditions that your child may have. What emergency actions should be taken immediately, if a medical emergency arises?

The parent/guardian of _____ hereby allow her to participate in the Jewels Program the fourth Saturday of each month beginning August, 2012 through April, 2013.

PARENT SIGNATURE _____ DATE _____