

Faith Outreach Education Summer Registration Form

Summer **2023** Male / Female Age: _____ Grade Entering: _____

Student's Name: Last: _____ First: _____ Middle: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phones: Mom: _____ Dad: _____

Last 4 Student's SSN: _____ Student's Nickname: _____ Birthdate: _____

Any allergies(food & medical): _____

Provide e-mail address for statement: _____

Primary Parent/Guardian Name: _____	Relationship to child: _____	SSN or DL # _____
_____	Employer: _____	Phone: _____
Primary Parent/Guardian Name: _____	Relationship to child: _____	SSN or DL# _____
_____	Employer: _____	Phone: _____

Please Check One of the following:

For Part Time please indicate what days you may use
our service by circling.

☐ Full Time Reservation (26 hours a week)

☐ Part Time (25 hours a week)

Monday Tuesday Wednesday Thursday Friday

This is for planning purposes and not meant to lock
you into specific days.

Daily Arrival and Departure Time

Normal Time of Morning Arrival: _____

Normal Time of Afternoon Departure: _____

List all individuals, other than the parents, who are authorized to pick up this child:

Name:	Phone Number:	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Calling Priority

Please provide a calling order when it is necessary to
contact a parent during the summer camp day.

Name: _____
Phone: _____
Phone: _____
Name: _____
Phone: _____
Phone: _____
Phone: _____

Emergency Information

Responsible adult to contact
if parents can't be reached

Name: _____
Relationship: _____
Phone: _____
Phone: _____

Child's Physician

Name: _____
Phone: _____
Primary Insurance: _____