

CHILD INFORMATION

Child's last name:		First:	Middle:
Birth date:	Age:	Entering grade: 5 6 7	
Class(es) Registered:			
Week 1 (July 10 – July 14) Writing (AM) Math (PM)		Week 2 (July 17- July 21) Math (AM) STEM (PM)	

PARENT INFORMATION

Mother's Name:	
Mother cell phone:	Mother email:
Daytime phone number:	
Father's Name	
Father cell phone:	Father email:
Daytime phone number:	

EMERGENCY CONTACT 1

Name:	Relationship:	
Street address:		
City:	State:	Zip Code:
Home phone no:		Cell phone no:

EMERGENCY CONTACT 2

Name:	Relationship:	
Street address:		
City:	State:	Zip Code:
Home phone no:		Cell phone no:

DISMISSAL

All children must be picked up by a parent or legal guardian. Please list those that are authorized to pick up your child. If there is a change in transportation, a letter from a parent/legal guardian must be presented the day of the change.

Name:	Phone no:
Name:	Phone no:
Name:	Phone no:

MEDICAL INFORMATION

Physician's name:	Physician's no:	
Street address:		
City:	State:	Zip Code:
Health insurance company name:	Policy number:	

Allergies, physical limitations, or additional medical information:

I am the parent or legal guardian of the child registering in the GT Summer Learning class(es) listed above. I hereby agree to follow all registration requirements and have read and agree to the GT Summer Learning policies.

Parent/ legal guardian (print)

Signature