



2017 Summer Tutoring and Enrichment Program Registration

Mail to: The John Crosland School, Attention: **Lynn Bonner**

5146 Parkway Plaza Blvd., Charlotte, NC 28217

lbonner@johncroslandschool.org

Phone: 704-365-5490 ext. 715

Please PRINT in BLACK ink:

Student's Name (Last) (First) (Middle) (Preferred Name)

(Home Address – Street or PO)

(City) (State) (Zip Code)

Birthday (Month/Day/Year) Age Gender

Student lives with: Both Parents ___ Mother ___ Father ___ Other (Specify) _____

Current School Student's Rising Grade

Academic Information:

Diagnosis (please circle all that apply) LD ADHD Other (Specify) _____

Reading level (if known) _____ Math level (if known) _____

Parent/Guardian Information

Mother/Guardian

Name (Last) (First) (Middle)

(Home address - Street or PO)

(City) (State) (Zip Code)

(Home telephone) (Work)

(Cell) (E-mail)

Place of Employment

Father/Guardian

Name (Last) (First) (Middle)

(Home address - Street or PO)

(City) (State) (Zip Code)

(Home telephone) (Work)

(Cell) (E-mail)

Place of Employment

Party responsible for fees if it is someone other than parents or guardians:

Name (Last)	(First)	(Relationship)	(Home Telephone)
Address	City	State	Zip

**PERSONS (AGE 18 OR OLDER) AUTHORIZED TO PICK UP STUDENT OTHER THAN CUSTODIAL PARENT(S):
WE WILL REQUIRE PICTURE ID AND WILL ONLY RELEASE YOUR CHILD TO THE INDIVIDUALS NAMED ON THIS SHEET**

Name (Last)	(First)	(Relationship to Student)
(Home Telephone)	(Cell)	(Work Phone)

Name (Last)	(First)	(Relationship to Student)
(Home Telephone)	(Cell)	(Work Phone)

Name (Last)	(First)	(Relationship to Student)
(Home Telephone)	(Cell)	(Work Phone)

EMERGENCY CARE INFORMATION – PERSONS TO CALL IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED:

Medical Information:

Please describe any medical conditions that we should be aware of including, but not limited to, allergies, heart problems, recurring illnesses, asthma, diabetes, and medications.

Physician's Name _____ Phone _____
Hospital Preference _____

Emergency Contact (Name) (Other than parent)	Relationship	Home Telephone	Cell	Work Telephone
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Emergency Contact (Name) (Other than parent)	Relationship	Home Telephone	Cell	Work Telephone
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Emergency Contact (Name) (Other than parent)	Relationship	Home Telephone	Cell	Work Telephone
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In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.

Parent Signature: _____ Date: _____

The John Crosland School does not discriminate on the basis of race, color, sex, age, marital status, disability, religion, creed, or national or ethnic origin in the administration of its educational programs, admissions, financial aid policies or employment practices.