



**2010 Summer School Enrollment Application**  
 June 14<sup>th</sup> to August 23<sup>rd</sup> from 2pm to 5pm

Child's Name                      DOB                      Age                      Nick Name

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

Please Select One:  Monday School     Thursday School     Both

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Legal guardian (if different from parents): \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

In case of emergency call:

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

In case of injury do you agree that we take your child to WVUH?

(   ) Yes (   ) No

Does your child have any medical problem?

(   ) Yes: \_\_\_\_\_ (   ) No

If yes please list the medication that he/she is taking.

Does your child have any allergies?  
 \_\_\_\_\_

Print Parent name and signature: \_\_\_\_\_ Date: \_\_\_\_\_