

DATE TURNED IN _____ TIME _____ INITIALS _____

***PLEASE PRINT**

**BROOKWOOD SCHOOL DISTRICT 167
STEAM/STEM SUMMER CAMP 2019
-- STUDENT REGISTRATION FORM --**

STUDENT NAME _____

CURRENT GRADE (THIS SCHOOL YEAR) _____

CURRENT SCHOOL _____

PARENT/GUARDIAN _____

ADDRESS _____

HOME PHONE NUMBER _____

FATHER'S WORK NUMBER _____

FATHER'S CELL NUMBER _____

MOTHER'S WORK NUMBER _____

MOTHER'S CELL NUMBER _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____

EMERGENCY CONTACT PHONE NUMBERS _____

HEALTH CONCERNS/ ALLERGIES _____

