

Bibb County School District Summer Programs
5th – 8th Grades
Location: Bibb County High School
Registration

Child's Name: _____ Age _____

Address: _____

_____ Phone# _____

School Attending _____ 2009-10 Grade _____

Mother's Name _____ Work# _____

Mother's Place of Work _____

Father's Name _____ Work# _____

Father's Place of Work _____

Medical Information: List names and phone numbers of emergency persons to contact:

Name _____ Relation _____ Phone# _____

Name _____ Relation _____ Phone# _____

Name _____ Relation _____ Phone# _____

Name _____ Relation _____ Phone# _____

Doctor's Name _____ Phone# _____

Insurance Provider (Please Provide A Copy the Card) _____

Permission to seek medical treatment if unable to reach parents: () Yes () No

Pertinent Medical Information:

Persons with permission to pick up child other than parents. (**Note: If a person is not listed staff will not release child**)

Name _____ Relation _____ Phone# _____

Name _____ Relation _____ Phone# _____

Name _____ Relation _____ Phone# _____

Name _____ Relation _____ Phone# _____

Name _____ Relation _____ Phone# _____

Name _____ Relation _____ Phone# _____

Name _____ Relation _____ Phone# _____

Name _____ Relation _____ Phone# _____

Parent Signature _____ Date _____