

Berean Christian School Summer Program

5100 North Illinois Street • Fairview Heights, IL 62208 • (618) 825-0609



Family Information *(Please print)*

Primary Parent			
Name	Address	City, State, Zip	
()	()	()	
Home Phone	Cell. Phone	Work Phone	
Relationship	Employer	Email Address	
Parent/Guardian #2			
Name	Address	City, State, Zip	
()	()	()	
Home Phone	Cell. Phone	Work Phone	
Relationship	Employer	Email Address	
Emergency Contact (Other than Parents)		()	Authorized to Pick Up Child
Name	Relationship to child	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact (Other than Parents)		()	Authorized to Pick Up Child
Name	Relationship to child	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Others authorized to pick up Child (List Name/Relationship/Phone #):			

Child Information

Name (First, Middle Initial, Last)		Address	City, State, Zip
()			
Home Phone	Sex	Age	Birthdate
Doctor's Name	()	Doctor's Phone	Is your child taking any medication?
Allergies/Medical Notes			
Special Needs		School Child Attends	
Days Child is to attend (circle) 5 day 2 day 3 day (T, Th) (M, W, F)		Time _____ From Until	Start Date