

**STARMOUNT RAM ACADEMY REGISTRATION FORM**

**PLEASE PRINT AND COMPLETE EACH BLANK**

**Student Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Nickname)

**Date of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Middle School Student is currently attending:** \_\_\_\_\_

**Student's Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
\_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Mother/Guardian Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
(If different) \_\_\_\_\_

**Mother Employer Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Father/Guardian Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
(If different) \_\_\_\_\_

**Father Employer Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

I hereby acknowledge the Camp High School staff will assume that either parent of the student may pick up the child at any time during the program unless there is pertinent court documentation on file with the staff of Insight Human Services that indicates otherwise.

**AUTHORIZATION TO RELEASE CHILD**

I hereby authorize the Camp High School Staff to allow the following individual(s) to pick up my child.

**NOTE: YOUR CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANYONE OTHER THAN THOSE LISTED BELOW AND PARENTS LISTED ABOVE. PLEASE HAVE PICTURE IDENTIFICATION AVAILABLE WHEN YOU PICK YOUR CHILD UP.**

**NAME:** \_\_\_\_\_ **DAYTIME PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DAYTIME PHONE:** \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**Is your child allergic to any foods?** \_\_\_\_\_ **No** \_\_\_\_\_ **Yes - If yes, please list all** \_\_\_\_\_

**Does your child have any other allergies?** \_\_\_\_\_ **No** \_\_\_\_\_ **Yes - If yes, please list all** \_\_\_\_\_

**My child has the following medical conditions:** \_\_\_\_\_  
(Please list treatment needed for allergies and medical conditions on an additional sheet. No medications can be given.)

**Insight Human Services may use my child's picture in newspaper and on the Internet. (Names will not be used)** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Starmount High School July 29, 2019  
12:30-4:40 pm

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_