

# THOMAS JEFFERSON SCHOOL

# TJ SUMMER SCHOLARS

## REGISTRATION FORM

### CHILD INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Current School \_\_\_\_\_ Grade \_\_\_\_\_ Email \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

### CAMPS ATTENDING

Writing Camp  SSAT Bootcamp  The Science of Learning  Math Sense and Memory

\$ \_\_\_\_\_ Amount Enclosed

*Please make checks payable to: Thomas Jefferson School, 4100 S. Lindbergh Blvd., St. Louis, MO 63127.*

**TO PAY BY CREDIT CARD, PLEASE CALL THE MAIN OFFICE TO REGISTER.**

### IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address): \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Health Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

### HEALTH INFORMATION

Please note here any allergies, health issues, physical disabilities, learning disabilities and/or behavioral issues of which Thomas Jefferson School should be aware.

\_\_\_\_\_  
\_\_\_\_\_

### WAIVERS

**PARTICIPATION:** I give permission for my child to participate in activities as authorized by the Thomas Jefferson School (TJ); **MEDICAL TREATMENT:** I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the TJS. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-rays examinations, transfusions, injection, drugs) to be performed for my child by a licensed physician or hospital selected by the TJS director deemed immediately necessary or advisable by the physician to safeguard my child's health; **RELEASE FROM LIABILITY:** Recognizing that TJS will do its best to ensure a safe experience, I understand that accidents may occur from my child's participation in program activities. I agree to assume these risks. By signing below, I release TJ, its employees, the volunteers, independent contractors, directors, and agents from all liability based on any damage, loss or injury whether it is a result of ordinary negligence or otherwise, caused to my child or to me from participation in this program; **PHOTO RELEASE:** The applicant hereby gives permission for TJ to use, without limitation or obligation, photographs or other media that may include my child's image or voice to promote or interpret TJ programs.

I have read and understand the above and have completed this form to the best of my ability.

Signature of parent or legal guardian: \_\_\_\_\_

Date \_\_\_\_\_