



**SUMMER SCHOOL APPLICATION  
LAKE REGION CHRISTIAN SCHOOL**

Date \_\_\_\_\_

7398 FAIRVIEW ROAD NORTH  
BAXTER, MINNESOTA 56425  
Phone (218) 828-1226  
Fax (218) 828-1643

Hours child will attend (Start –End)  
Hours we are open: 7:30a.m. -6:00 p.m.

Mon / Tue / Wed / Thurs / Fri  
circle days interested

**STUDENT INFORMATION**

\*Name \_\_\_\_\_  
(Last) (First) (Middle)

Name student goes by \_\_\_\_\_ Birthday \_\_\_\_\_

Current Age \_\_\_\_\_ Grade (as of fall '11) \_\_\_\_\_ Sex M / F Allergies \_\_\_\_\_

\*Name \_\_\_\_\_  
(Last) (First) (Middle)

Name student goes by \_\_\_\_\_ Birthday \_\_\_\_\_

Current Age \_\_\_\_\_ Grade (as of fall '11) \_\_\_\_\_ Sex M / F Allergies \_\_\_\_\_

\*Name \_\_\_\_\_  
(Last) (First) (Middle)

Name student goes by \_\_\_\_\_ Birthday \_\_\_\_\_

Current Age \_\_\_\_\_ Grade (as of fall '11) \_\_\_\_\_ Sex M / F Allergies \_\_\_\_\_

\*Name \_\_\_\_\_  
(Last) (First) (Middle)

Name student goes by \_\_\_\_\_ Birthday \_\_\_\_\_

Current Age \_\_\_\_\_ Grade (as of fall '11) \_\_\_\_\_ Sex M / F Allergies \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Telephone \_\_\_\_\_ Church Attending \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ E-Mail address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_ Work Hours \_\_\_\_\_

Continued...

**Mother's Name** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Address** \_\_\_\_\_ **E-Mail address** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Work Hours** \_\_\_\_\_

If child lives with step-parent, please provide the following information:

**Step Father/Mother's Name** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Address** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Work Hours** \_\_\_\_\_

**\* Name of the person responsible for the financial obligations:** \_\_\_\_\_

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## **PERSONAL AND MEDICAL INFORMATION**

**Please provide secondary numbers to contact in case of an emergency and we cannot contact you.**

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**For your child's safety, we will only release your child to you or a person (s) that you designate below:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

Does your child have any physical limitations or allergies? \_\_\_\_\_

Explain: \_\_\_\_\_

Does this student regularly use prescription medication (such as for asthma, Ritalin, etc.)?  
\_\_\_\_\_

In case of emergency, Lake Region Christian School is authorized to seek medical treatment for my child.

**I realize that my medical insurance would provide the primary coverage, with Lake Region's accident insurance providing supplemental coverage, if needed.**

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_