



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 '12) _____ Sex M / F Allergies _____

*Name _____
(Last) (First) (Middle)

Name student goes by _____ Birthday _____

Current Age _____ Grade (as of fall '12) _____ Sex M / F Allergies _____

*Name _____
(Last) (First) (Middle)

Name student goes by _____ Birthday _____

Current Age _____ Grade (as of fall '12) _____ Sex M / F Allergies _____

*Name _____
(Last) (First) (Middle)

Name student goes by _____ Birthday _____

Current Age _____ Grade (as of fall '12) _____ 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:** _____

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 _____