

Student Registration Form
2009-2010 Academic Year

Student's Full Name: Last First Middle

Address: Street City State Zip

Birth Date: Age: Grade (upcoming year):

Father's Name: Mother's Name:

Home Telephone Number: Family E-Mail

Cell Phone Numbers: (Father's) (Mother's)

Medical & Emergency Information

Emergency Contacts: Please list two other than parents.

Name: Relationship to Student:

Telephone Number:

Name: Relationship to Student:

Telephone Number:

If the student has a medical condition, is allergic to specific drugs/foods/insect stings, or requires medication regularly, please include this information here.

Name and telephone number of student's physician:

I authorize LCHA personnel to consent to any emergency treatment of my minor child which shall, in my absence, be deemed necessary by licensed medical personnel.

Signature of Parent or Guardian Date

T-Shirt Size (Adult): XS S M L XL

I acknowledge receipt of the LCHA Fee Schedule and Financial Policy and agree with its stipulations.

Signature of Parent or Guardian Date

- Note: Registration fee of \$35 per student must accompany the registration form. The Lighthouse T-shirt fee is included in the registration fee. Please make checks payable to LCHA. Completed registration forms may be mailed to: Allison Earle, 735 Oak Grove Rd, Carrollton, GA 30117

For office use only: Rec'd by Check # Date