

***Parish Day School of Eastern Shore Chapel and Camp Turtle Trap  
Registration Form***



Child's Full Name	Nickname	Date of Birth	Gender
Address	City	State	Zip code
			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Email address (much of our information will be disseminated electronically)		Previous Children's Programs and Schools Attended	
If child attends this school and another school/program, list name of school/program			Grade

**PARENT(S)/GUARDIAN(S)**

Mother	Employer	Business Phone
Home Address	City	State
		Zip code
		Cellular Phone
Father	Employer	Business Phone
Home Address	City	State
		Zip code
		Cellular Phone
Person(s) or Agency Having Legal Custody of Child		Home Phone
Home Address/Business Address	City	State
		Zip code
		Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, Action to Take in an Emergency	Insurance, number, person insured
Child's Physician	Physician's Phone
Two People to Contact if Parent(s) Cannot Be Reached	Address
1.	City
	State
	Zip
	Phone
	H-
	C-
2.	H-
	C-
Additional Person(s) Authorized to Pick Up Child	
Person(s) NOT Authorized to Pick up Child*	

\* Appropriate paperwork such as custody papers shall be attached if someone is not allowed to pick up the child.  
 NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon request of the noncustodial parent, as an emergency contact for events occurring during school or day care activities.

**(OVER)**

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