



Elm Fork Education Center

Home School LABS Registration Form

Parent(s) Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other phone _____

E-mail _____

Semester _____ FALL _____ SPRING YEAR _____

<u>Participant Name</u>	<u>Age</u>	<u>Program(s)</u>	<u>Cost</u>
1. _____	_____	_____ HS _____ MS _____ Jr. Nat	\$ _____
2. _____	_____	_____ HS _____ MS _____ Jr. Nat	\$ _____
3. _____	_____	_____ HS _____ MS _____ Jr. Nat	\$ _____
4. _____	_____	_____ HS _____ MS _____ Jr. Nat	\$ _____
5. _____	_____	_____ HS _____ MS _____ Jr. Nat	\$ _____
			Total \$ _____

EMERGENCY CONTACT NAME _____

HOME PHONE: () _____ CELL PHONE: () _____

PRIMARY CARE PHYSICIAN: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: () _____

Please list the name of your health/accident insurance carrier (s) and appropriate policy certificate number (s):

NAME OF CARRIER _____ POLICY NUMBER _____

Does this student(s) have any chronic or acute medical problems? _____

Please explain: _____

List any allergies to food, pollen, or medicine: _____

List any medications being taken at present time: _____
