

SBS Summer Program 2017

Registration

9626 Park Street, Bellflower (562) 867-9410

STUDENT'S INFORMATION

Name _____ Birthdate _____ Grade (as of 09/2017) _____

Reasons for enrolling my child in summer school _____

PAYMENT INFORMATION

\$300.00 deposit required by 7/5/17

Email address: _____

Balance required by 7/12/17

PARENT INFORMATION

Mother's Name & Address _____

Father's Name & Address _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Child lives with: _____

HEALTH INFORMATION

Health Insurance Provider Name & Address

Group Number _____

Doctor's Name & Address

Phone Number _____

Dentist's Name & Address

Phone Number _____

CONSENT

I understand that the school does not assume responsibility for payment of physician. However, in an emergency the school may choose physician. In an emergency I give the school personnel permission to have my child receive medical treatment.

Parent Signature

Date