

Student Registration Form

☐ Medical Alert
(For Office Use Only)

Summer Camp 2022
C.S. Lewis Academy, Santaquin, UT

Submit this registration form to the school office by **Monday, May 9.**

Student Information - please print

Student Name: _____
(Last) (First)

Gender: ☐ M ☐ F Date of Birth: _____
(Month) (Day) (Year)

Grade for 2022-2023 School Year: ☐ Kindergarten ☐ First ☐ Second ☐ Third
☐ Fourth ☐ Fifth ☐ Sixth ☐ Seventh

Parent(s) or Guardian(s) with whom the student resides. Please list in order of whom to contact.

FIRST CONTACT:

(Last Name) (First Name) Relationship: _____

E-mail address: _____ Cell Phone Number: _____

Employer: _____ Work phone number: _____

SECOND CONTACT:

(Last Name) (First Name) Relationship: _____

E-mail address: _____ Cell Phone Number: _____

Employer: _____ Work phone number: _____

Medical/Emergency Information:

Does your child have any medical conditions? ☐ Yes ☐ No

If yes, please give additional information: _____

Does your child have any allergies? ☐ Yes ☐ No

If yes, please give the source of allergy (ie: peanuts, strawberries, etc.) _____

Emergency Contacts: Name and number of two relatives/friends to contact in case of emergency

Name _____ Phone Number: _____

Relationship: _____

Name _____ Phone Number: _____

Relationship: _____



Instilling Accountability, Responsibility, Respect

364 North SR 198 Santaquin, Utah 84655
Phone: 801.754.3376 Fax: 801.754.3102

Parent Permission for Student Participation in the 2022 Summer School Program

Please select all boxes that apply, and sign/date the bottom of this form.

- ☐ I hereby approve that my child may attend this summer program.
- ☐ I **AGREE** to pick up my child no later than 12:00pm.
- ☐ I **AGREE** to let my child take part in the Free Summer School Meals Program
☐ Breakfast (9:00-9:30) ☐ Lunch (11:30-12:00)
- ☐ I **DO NOT** want my child to take part in the Free Summer School Meals Program

Student Media Release Consent

I agree and give my permission for the staff/administration of C.S. Lewis Academy to record, film, photograph, audiotape and/or videotape my child's name, image, and/or student work and to display, publish or distribute these for the purpose of publishing or posting on the C.S. Lewis Academy website and the official C.S. Lewis Academy social media sites.

I understand that I am free to contact the Director with any questions regarding this release.

- ☐ I **AGREE** to the terms listed in the Student Media Release Consent statement.
- ☐ I **DO NOT AGREE** to the terms listed above.

Student's Name: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____



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