

# STARTALK Hindi Summer Course Registration Form

Submit to your Principal's office by June 1, 2009

**Student's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (H) \_\_\_\_\_ (C)

**Parents Name:** \_\_\_\_\_

**Parent's E-Mail:** \_\_\_\_\_

**Language Spoken at Home:** \_\_\_\_\_

## Permission Form/Emergency Contact Information

I hereby give permission for \_\_\_\_\_ to take

(Student's Name)

the STARTALK summer course, and associated field trips during July 6-17, 2009. Free bus transportation will be provided to students for field trips.

Does student take daily medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list medication \_\_\_\_\_

Is student allergic to any medications? (such as penicillin, aspirin, sulfa, etc.)

If yes, list allergy to medication \_\_\_\_\_

Does student have any general or food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list general/food allergy \_\_\_\_\_

Family Physician Name/Telephone # \_\_\_\_\_

Insurance Company Name/Policy # \_\_\_\_\_

In case of illness/emergency, efforts will be made to contact parents. If contact cannot be made, we will use the above information to provide emergency treatment to the student. Please sign to provide your consent.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

(Date)