Rock City Midweek Registration
Fall Semester 2011

Child Information:

Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Sex: _____ Grade: _____ Home Phone: _____

Parent/Legal Guardian 1:

Name:_____

Address (if different):_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

E-mail address_____

Parent/Legal Guardian 2:

Name: _____

Address (if different):_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

E-mail address_____

Emergency Contacts:

Name:_____ Phone:_____ Authorized to pickup?(y/n)___

Name:_____ Phone:_____ Authorized to pickup?(y/n)___

Medical/Allergy Information we may need to be aware of during Rock City:

_____

_____

_____

Permission to Seek Medical Assistance:

If medical attention is needed for my child and attempts to contact me by phone have been unsuccessful, I, _____, give my permission for the Rock
(Signature of Legal guardian)
City Midweek Staff to seek medical assistance for my child.

Meal Payment Information:

Meals may be paid for in advance or by the week, by cash or check.
Cost per meal: $3/person, maximum $12/family
Cost for semester (11 meals): $33/person, maximum $132/family

Email: jenkinsrockcity@gmail.com Fax: 615-776-3520