



Shiloh Baptist Church  
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www.sbervcn.org  
Rev. Herman Washington, Pastor

*Shiloh Church Christian Summer Program 2017*  
*July 10<sup>th</sup> - September 1<sup>st</sup>*  
*\$100/wk*

### Registration Form

<b>Date:</b>			
<b>Child's Name:</b>			
<b>Age:</b>			<b>Grade:</b>
<b>Parent/Guardian PRINTED Name:</b>			
<b>Home Phone:</b>			<b>Cell Phone:</b>
<b>E-mail:</b>			
<b>What is the best way to reach you:</b>			
<b><u>Emergency Contacts:</u></b>			
<b>Name:</b>			<b>Phone:</b>

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_,  
hereby give my permission for my child to attend and participate in the Shiloh Church Christian Summer  
Program commencing on the 10<sup>th</sup> day of July, 2017 through the 1<sup>st</sup> day of September, 2017.

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### Medical Treatment Authorization

<b>Child's Name:</b>	
<b>Primary Care Physician's Name:</b>	
<b>Phone:</b>	
<b>Medical Insurance Provider:</b>	
<b>Policy #:</b>	
<b>Member's Name:</b>	
<b>Allergies:</b>	
<b>Medical Conditions:</b>	
<b>Prescription Drugs Taken:</b>	
<b>Other Pertinent Medical Info:</b>	

**I Hereby certify that, to the best of my knowledge, the medical information is complete and correct.**

**A copy of your child's school physical, including immunization history and Doctor's Signature, may be submitted providing that the physical was performed within the calendar year of September 2016 - June 2017. This document must be submitted prior to the Program start date.**

**I authorize the Staff of the Shiloh Church Christian Summer Program to use their best judgment in allowing my child to receive emergency medical treatment, if necessary. I understand that every effort will be made to contact me prior to such action.**

<b>Effective Date:</b>	
<b>Parent/Guardian Printed Name:</b>	
<b>Parent/Guardian Signature:</b>	
<b>Today's Date:</b>	