



## Summer Programs Registration

### PARTICIPANT'S INFORMATION

Camp Name: \_\_\_\_\_ Dates: \_\_\_\_\_ Add Ons (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_  MALE  FEMALE  
LAST FIRST MIDDLE PREFERRED NAME

Date of birth: \_\_\_\_\_ City and country of birth: \_\_\_\_\_  
MONTH / DAY / YEAR

Present school: \_\_\_\_\_ Present grade: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

### FAMILY INFORMATION

FATHER  STEPFATHER  GUARDIAN \_\_\_\_\_  
(RELATIONSHIP)

MOTHER  STEPMOTHER  GUARDIAN \_\_\_\_\_  
(RELATIONSHIP)

DR.  MR. \_\_\_\_\_  
FULL NAME

DR.  MRS.  MS. \_\_\_\_\_  
FULL NAME

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE \_\_\_\_\_

CITY STATE ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

How did you learn about Darlington? \_\_\_\_\_

Key factors influencing your registration for this summer program? \_\_\_\_\_

### MEDICAL INFORMATION

Health History:  HEART DEFECT/DISEASE  ASTHMA  ALLERGIES  INSECT STINGS \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical/Hospital Insurance Carrier: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

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