



www.ridgeacademy.org
773.233.0033
2501 West 103rd Street
Chicago, IL 60655

Brain Camp Registration Form

Student's Name: _____ **Birth Date:** ____/____/____

Current School: _____ **Grade 08-09** _____

Home Address: _____ **Phone Number (____) _____ - _____**

City: _____ **State:** _____ **Zip:** _____

Mother's Information	Father's Information
Full Name: _____	Full Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Phone: (____) _____ - _____	Home Phone: (____) _____ - _____
Work Number: (____) _____ - _____	Work Number: (____) _____ - _____
Pager Number: (____) _____ - _____	Pager Number: (____) _____ - _____
Cell Number: (____) _____ - _____	Cell Number: (____) _____ - _____
Email: _____	Email: _____
Signature: _____	Signature: _____

E M E R G E N C Y C O N T A C T S

1. _____ Relationship to student: _____
Home Number: (____) _____ - _____ Cell / Work Number: (____) _____ - _____
2. _____ Relationship to student: _____
Home Number: (____) _____ - _____ Cell / Work Number: (____) _____ - _____
3. _____ Relationship to student: _____
Home Number: (____) _____ - _____ Cell / Work Number: (____) _____ - _____

C A R P O O L / S T U D E N T R E L E A S E A U T H O R I Z A T I O N

I give my permission to release my child to the following individuals for dismissal pick up / car pool.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
|----------|----------|

On a separate sheet, please list any medical conditions that our staff should be aware of. Our program requires and expects cooperative behavior which is conducive to learning. Students who are disruptive to the learning environment will not be allowed to remain in our program, and no refunds will be given.