



BELL Scholars Society Information Form 2009-2010

We welcome you and your child to the BELL Scholars Society!

**THIS DOES NOT ENROLL YOUR CHILD IN BELL SUMMER OR BELL AFTERSCHOOL.
PLEASE CONTACT 617-282-1567 x 149 OR enroll@bellboston.org FOR AN ENROLLMENT FORM.**

Please fill in the blank areas below for your child to participate in BELL Scholars Society events and activities. Complete a separate form for each child in the BELL Scholars Society.

Child's General Information

Child's Name:	<i>Last</i>	<i>First</i>	Date of Birth:	Home Phone:
Gender:	M F	Eye Color:	Hair Color:	

Child's School Information

Current Grade:	School Name:	Counselor:
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Race/Ethnic Background (Please check all that apply)

Black/African-American <input type="checkbox"/>	White/Caucasian <input type="checkbox"/>	Asian <input type="checkbox"/>
Latino /Hispanic <input type="checkbox"/>	American Indian/Alaskan Native <input type="checkbox"/>	Native Hawaiian/Pacific Islander <input type="checkbox"/>
Other (Please specify) _____		

Parent/Guardian Information

The parent(s)/guardian(s) listed below are authorized to pick up your child and are the first to be contacted in case of an emergency.

Parent/Guardian Name:	<i>Last</i>	<i>First</i>	Relationship to child:		
Home Address:	<i>Street</i>	<i>Apt</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>	
Home Phone:		Work Phone:			
Cell Phone:		Email Address:			
Best Way to Reach You (Please Circle)	Email	Home Phone	Cell Phone	Work Phone	Mail

Parent/Guardian Name:	<i>Last</i>	<i>First</i>	Relationship to child:		
Home Address:	<i>Street</i>	<i>Apt</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>	
Home Phone:		Work Phone:			
Cell Phone:		Email Address:			
Best Way to Reach You (Please Circle)	Email	Home Phone	Cell Phone	Work Phone	Mail

Transportation

Please note that **BELL does not provide transportation.**
You are responsible for your child's arrival and departure to and from events.
Please refer to the **Scholars Society Handbook** for more information.

Emergency and Transportation Contacts

In addition to the parents/guardians listed above, the emergency contacts listed below are also authorized to pick the child up from an event. Any additional changes to the emergency contacts must be stated in writing and given to BELL.

Name (Last, First)	Relationship	Home Phone	Work Phone	Ext	Cell Phone
1.					
2.					
3.					
4.					

Child's Medical Information

Is your child on any medications that we should be aware of? If so, please specify below. Yes No

Medications: _____

Side Effects: _____

List below any special limitations or concerns your child may have, such as dietary restrictions, **allergies** (including the reaction and treatment required should your child become exposed to the allergen), or chronic health conditions.
If none, please indicate by writing "NONE".

Doctor's Name/ Phone Number: _____

I hereby give the staff at BELL who are trained in first aid and CPR permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

I certify that the above information is correct to the best of my knowledge.

Parent/Guardian Signature X Date _____

This next section will help us learn more about your child and help us to identify opportunities that will support their unique needs and overall academic growth.

Academics

**Of the following subjects, which TWO academic areas would you most like your child to improve in?
Please circle only the two with which you are most concerned.**

Math

Reading/English

Science

Social Studies/History

Arts

Please note any other academic concerns that you may have.

Child's Personal Interests

Please list any after school programs or extracurricular activities (ex: tutoring programs, sports, band, etc.) that your child is involved in. Please specify the name when possible (ex: Citizen Schools):

Is your child a Red Sox Scholar? Yes ___ Year Awarded _____

Is your child a Jack Kent Cooke Young Scholar? Yes ___ Year Awarded _____

Please list any other scholarships or awards that your child has received:
