

**The 2022 Father Edward Troike Summer Leadership Program Registration Form**

**NAME** \_\_\_\_\_ **TELEPHONE #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Number (apt. no.) City State Zip

**PARISH** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**AGE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

**BUSINESS NUMBER** \_\_\_\_\_ **CELL NUMBER** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_

**BUSINESS NUMBER** \_\_\_\_\_ **CELL NUMBER** \_\_\_\_\_

\_\_\_\_\_

**Will your son need a Student MetroCard to come to the Troike program? (check one) Yes \_\_\_ No \_\_\_**

**If Yes, please provide his State ID # (via NPSIS):** \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY HOME CONTACT**

**In case of an emergency, when the parents cannot be contacted, please contact:**

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**TELEPHONE No(s)** \_\_\_\_\_

**Take to hospital (check one) Yes \_\_\_\_\_ No \_\_\_\_\_ or other instructions:**

\_\_\_\_\_

**It is understood that in the final disposition of an emergency case, the judgement of the school authorities will prevail. The recommendation of the parent, as indicated above, will be respected as far as possible.**

**Is there any medical problem or disability the school should be aware of?** \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature