

# Registration Form Weekend Medical Academy

## Part I: Session Selection

Dreams to Reality:  
Become a Professional Nurse  
**9<sup>th</sup> – 11<sup>th</sup> GRADE ONLY**  
April 17-19, 2020  
Weekend Medical Academy-Nursing

Mental Health Matters in  
Medicine  
**9<sup>th</sup> - 12<sup>th</sup> & College Students**  
May 8-10, 2020  
Weekend Medical Academy-MBH

Did you previously participate in a Medical Academy program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which program?  Weekend  Summer year \_\_\_\_\_  Advanced

## Part II: Student Information

Full Name:	(First)	(Last)
Preferred Name:		Gender: Male Female
Date of Birth:		Age:
High School:	(Zip Code)	Grade:
Home Address:		
City	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		

## Part III: Parent/Guardian Information

Full Name:	(First)	(Last)
Relationship:		
Home Phone:	Cell Phone:	
Email:		

Are they an employee of Rady Children's Hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which department? \_\_\_\_\_

## FOR OFFICE USE ONLY:

Credit/Debit Card Information

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Card Type: Visa \_\_\_ American Express \_\_\_ Discover \_\_\_ Mastercard \_\_\_

Exp. Date: \_\_\_\_\_ SSV: \_\_\_\_\_

Billing Address\*: Same as Home \_\_\_ \*If different, write in Notes

Confirm Email Address: \_\_\_\_\_

Date Registered: \_\_\_\_\_ Time Called: \_\_\_\_\_

Date Input: \_\_\_\_\_ Date Given to RCHSD Foundation: \_\_\_\_\_

## NOTES: