

Summer Camp Form



child

last _____ first _____

date of birth ____/____/____ gender ____

address _____ Apt _____

city _____ state _____ zip _____

allergies _____

disabilities, accommodations, other information _____

Which camp?

parent/guardian

Full Name _____

Best Phone ____-____-____

Alternative Phone ____-____-____

email _____

Full Name _____

Best Phone ____-____-____

Alternative Phone ____-____-____

email _____

additional emergency contact

Full Name _____

Best Phone ____-____-____

relationship _____

the following are authorized to pick up my child (if different from above)

Full Name _____

Best Phone ____-____-____

relationship _____
