



**Emergency Contact Information  
(Required for each child enrolled)**

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade 2019/2020\_\_\_\_\_

Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_

Cell \_\_\_\_\_

**Emergency Contacts:**

Name\_\_\_\_\_relationship to child\_\_\_\_\_

Phone number: \_\_\_\_\_

Name\_\_\_\_\_relationship to child\_\_\_\_\_

Phone number: \_\_\_\_\_

Name\_\_\_\_\_relationship to child\_\_\_\_\_

Phone number: \_\_\_\_\_

**Medical Information: Please list any medications your child is taking and any allergies we need to be aware of for summer camp.**

---

---

---

---