



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

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

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade 2017/2018 \_\_\_\_\_

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.**

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