

SUMMER APPLICATION – CURRENT ENROLLEES

A. STUDENT INFORMATION

START DATE: _____

Student's Name: _____
First Middle Last

Nickname: _____ Gender: Male Female

Date of Birth: ____/____/____ Student lives with: Mother Father Both Parents

ALLERGIES: _____

MEDICATIONS: _____

PEDIATRICIAN NAME: _____ **PHONE:** _____

B. FAMILY INFORMATION

Parent/Guardian Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Mobile: _____ Mobile Carrier: _____ Work Number: _____

Place of Employment: _____

Parent/Guardian Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Mobile: _____ Mobile Carrier: _____ Work Number: _____

Place of Employment: _____

C. EMERGENCY CONTACTS

Please indicate 2 additional people, OTHER THAN PARENTS, who are authorized to pick up your child.

1. Name: _____ Relationship to Child: _____

Mobile: _____ Work: _____

2. Name: _____ Relationship to Child: _____

Mobile: _____ Work: _____

Parent/Guardian Signature: _____ Date: _____