

Student's Full Name: _____

DOB: _____ Age: _____

Student's Upcoming Grade _____ Student's Current School: _____
Level:

Gender: Male or Female Relationship to student: _____

Parent/ Guardian Name: _____

Address: _____

Best Contact Phone Number: _____

Please list all known medical conditions and diagnosis (i.e., allergies, asthma, autism, ADHD):

Family Structure:

Foster Care: _____ Lives with Non-relative: _____ Lives with Relative(s): _____

Lives with Single Father: _____ Lives with Single Mother: _____ Lives with Both Parents: _____

Does the student have access to transportation? Yes No

Currently is the student receiving Special Education Services? Yes No

Please list 3 strengths and weaknesses of the student.

Strengths:

Weakness:

Emergency Contact Information

Parent(s)/Guardian(s): _____

Address: _____

Cell Phone: _____ Work Phone: _____

Please ensure all information is correct.

Parent(s)/Guardian(s): _____ Date: _____

2024 SUMMER CAMP

Lyfe Three Summer Camp



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