



**Student Information Sheet Spring Break Camp 2022**

STUDENT NAME: \_\_\_\_\_

(FIRST)

(LAST)

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Female: Male:

PARENT #1 \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_

PARENT WORK PLACE: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

PARENT #2 \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_

PARENT WORK PLACE: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE NUMBERS:

CONTACT 1: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

CONTACT 2: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

PLEASE LIST ANY MEDICAL CONDITIONS OR CONCERNS THAT SHOULD BE KNOWN. (ALLERGIES, ASTHMA ECT.)

