



2019 Summer Smarties

Thrive! Learning Camp 303-947-5265
thrivelearningcamp.com

Child's Name: _____

Parent's/ Guardian's Name:

Home Address:

Phone Numbers:

Home-

Work-

Cell-

Email Address:

Age of Child: _____ Birth Date: _____ Last Grade Completed: _____

Allergies/ Any medical conditions we should be aware of:

Emergency Contacts- Names and Phone Numbers:

1. _____

2. _____

Dismissal Information: Name(s) of Person(s) who can pick up your child:

I give permission for Thrive! Learning Camp to use photos and/or videos of my child on Thrive! Learning Camp's website and social media outlets, please circle

Yes or **No**

Anything else you would like Thrive! Learning Camp to know about your child: _____

Parent Signature _____ Date _____



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