



# 2019-2020 Brainy Bears

**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: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Allergies/ Any medical conditions we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contacts- Names and Phone Numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

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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 \_\_\_\_\_



