

Talk to the Camera After School Enrichment

Student information

Child's name _____

Child's school & grade _____

Session start date _____

Parent name _____

Parent emails _____

Parent cell phone _____

Allergies _____

Diet regulations _____

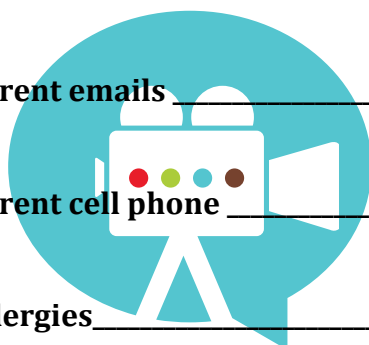
Physical restrictions _____

Medical conditions _____

Emergency contact

Name _____

Phone _____



Talk TO THE
Camera