

Avonlee Preschool

# Summer Camp

Registration/Information Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## Mother/Guardian

## Father/Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## MEDICAL INFORMATION

Does your child have allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical condition that would necessitate a staff member administering medication? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**I authorize the following individuals to sign out my child from AVONLEE SUMMER CAMP:**

\_\_\_\_\_  
*Name/Relationship*

\_\_\_\_\_  
*Name/Relationship*

Authorized Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_