



T2T Summer Division /After-School Enrollment Form

Today's Date: _____

1. Student Information:

First Name: _____

Last Name: _____

Gender: _____ D.O.B: _____ Grade: _____

Allergies: _____

Medical Conditions: _____

Names of siblings who will also attend the Summer Camp/After-School Program:

2. Parent/Guardian/Student Information:

1. First Name: _____

2. Last Name: _____

Address: _____

City/Town: _____ State: _____

ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____

1. First Name: _____

2. Last Name: _____

Address: _____

City/Town: _____ State: _____

ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____



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Email: _____

Student

Name: _____

3. Emergency Contact Information:

First Name: _____

Last Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Parent/Legal Guardian/ Signature: _____

Date: _____