

# SUMMER SNEAKERS 2019

# CHILD INFORMATION FORM



### For Office Use Only

Full-time     3-day     punch card

*This form must be turned in the first day your child attends the program, but can be updated at any time.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Nickname child prefers to be called (if any) \_\_\_\_\_

Grade Entering in Fall \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Is this child attending summer school?     Yes     No

Allergies (food, medication, etc.) \_\_\_\_\_

Medical conditions, special needs or medications: \_\_\_\_\_

### PARTICIPANT'S RELEASE FROM THE YOUTH SUMMER PROGRAM

Children will only be allowed to leave the program with someone other than the parent/legal guardian if they are listed on the authorized pick up section of this form. Children are to be signed out by an

### Persons authorized to pick up camper (including parent/guardians):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

**Local emergency contacts:** In the event of an emergency, staff will attempt to contact Parent/Guardian first, however if we are unable to reach a Parent/Guardian, please list the names and phone numbers of the individuals you would like for the staff to contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_