

# FAMILY INFORMATION & PERMISSION FORM IC3 SUMMER CAMP 2019



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

Child's First Name \_\_\_\_\_

Child's Last Name \_\_\_\_\_

Birth date \_\_\_\_\_

Gender \_\_\_\_\_

## Home Address

Weeks Enrolled:

Child lives with: [ ] both parents

[ ] other:

- ☐ Week 1: July 1- July 3
- ☐ Week 2: July 8- July 12
- ☐ Week 3: July 15- July 19
- ☐ Week 4: July 22- July 26

- ☐ Week 5: July 29-August 2
- ☐ Week 6: August 5- August 9
- ☐ Week 7: August 12- August 16
- ☐ Week 8: August 19- August 23
- ☐ Week 9: August 26- August 30

Parent 1's Name \_\_\_\_\_ Parent 1's Birth Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Company \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent 1's Home Address (if different from child's) \_\_\_\_\_

Parent 2's Name \_\_\_\_\_ Parent 2's Birth Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Company \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent 2's Home Address (if different from child's) \_\_\_\_\_

## EMERGENCY CONTACTS

List 2 persons other than parents (1 must be in the local area). Please discuss with them their responsibilities as emergency contacts. The emergency contacts you choose must be available and authorized by you to pick up your child in the event neither parent can be reached (for example, if your child becomes ill or the program must close early).

(1) Contact #1 Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

(2) Contact #2 Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

**OVER**