

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 _____

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