



2020 Summer Camp Enrollment Form Overland Park Campus

Office Use:

Enrollment
Fee: _____
Sibling: _____
Placement: _____

CHILD'S INFORMATION:

Child's Name: _____ Sex: _____ Date of Birth: _____
2019 – 2020 Classroom Color/Name: _____ Days Attended: _____
Camp Week: _____ July 14 – 16 _____ July 21 – 23 _____ July 28 – 30

Parent/Guardian Information:

Primary:

Name: _____
Relationship: _____
Address: _____

Email Address: _____
Cell Phone: _____
Work/Other Phone: _____

Parent/Guardian Information:

Secondary:

Name: _____
Relationship: _____
Address: _____

Email Address: _____
Cell Phone: _____
Work/Other Phone: _____

Person(s), other than parent, authorized to take child from school: *(Child released only to those listed. Proper ID required)*

Name: _____	Name: _____	Name: _____
Cell Number: _____	Cell Number: _____	Cell Number: _____
Relationship: _____	Relationship: _____	Relationship: _____

Medical History

Any health concerns? Yes or No Asthma? Yes or No If so, please list and explain procedures for care:

Is your child on any regular medications? _____ if so, please specify: _____

Allergies:
Food: _____
Insect: _____
Medication: _____
Other: _____

Does your child require an Epi-Pen? Yes or No
Any pertinent information in your family that we should know about such as a recent move, divorce or separation, the birth of a new sibling, a serious illness or a death in the family? _____

