



JULY 3RD – AUGUST 2ND 2013

DROP-OFF: 8:00A.M. – 9:00A.M. ~ PICK-UP: 4:00P.M.-6:00P.M.

CHILD'S NAME:	EMAIL:
DATE OF BIRTH:	AGE:
GENDER:	SCHOOL ATTENDING:
MOTHER'S NAME:	CELL PHONE:
MOTHER'S EMPLOYER:	BUSINESS PHONE:
FATHER'S NAME:	CELL PHONE:
FATHER'S EMPLOYER:	BUSINESS PHONE:
EMERGENCY CONTACT:	PHONE:
SPECIFIC FOOD ALLERGIES:	MEDICAL CONDITIONS: ASTHMA ETC.
SIGNATURE:	DATE: