

Summer Camp Enrollment Form

Child's Name: _____

Age: _____ Birth Date: _____

Nickname or Name Child is to be Called: _____ Sex: M F

Child's Residence: _____
 Street Apt. No. City Zip

Home Phone Number: _____

Child live with both parents: yes no

If you answered "no" to above question, please not full name of parent or guardian with whom the child resides:

Mother's Name _____ Cell No. _____

Place of Employment: _____ Business No. _____

Employment Address: _____

Home Address & Phone (if same as child - write "same"):

Home No. _____

Father's Name _____ Cell No. _____

Place of Employment: _____ Business No. _____

Employment Address: _____

Home Address & Phone (if same as child - write "same"):

Home No. _____

Child's Pediatrician or Clinic:

_____ Name _____ Phone _____

In addition to the parents listed above the child may be released to the following persons:

	Name	Home Address	City	Home No.	Work No.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Emergency Contacts (In the event parent can not be contacted):

1. _____
2. _____

Note any allergies or other known medical, mental or emotional problems which would limit the child's participation in the camp's programs. Also note any special procedures that should be used in caring for the child (including modified diet):

First day at TBK will be: _____