

Summer Program Student Information Sheet

Last Name _____ First Name _____ Middle I. _____

Home Address _____

City _____ State _____ Zip Code _____

Birthdate _____ Age _____ Grade _____

Parent/Guardian Contact Information:

Name _____ Relationship _____

Cell _____ Okay to text? Yes _____ No _____

Home _____ E-mail _____

Work _____ Preferred Method of Contact _____

Parent/Guardian Contact Information:

Name _____ Relationship _____

Cell _____ Okay to text? Yes _____ No _____

Home _____ E-mail _____

Work _____ Preferred Method of Contact _____

Emergency Contacts:

Name _____ Relationship _____

Daytime Phone Number _____ Home Work Cell _____

Name _____ Relationship _____

Daytime Phone Number _____ Home Work Cell _____

Name _____ Relationship _____

Daytime Phone Number _____ Home Work Cell _____

Any indoor and/or outdoor allergies? Please include symptoms/reactions.

Any allergies to food or medications? Please include symptoms/reactions.

Any medical issues/concerns that I should be aware of?

Additional Concerns

Who does child live with? Please include names of all siblings and pets and what kind of pet. This will come in handy when we talk about our families and are drawing pictures.

Family Members attending this summer program

Name _____ Grade _____ Relation _____

Name _____ Grade _____ Relation _____