

# 2022 ACA Summer Day Camp Student Information

Child's First & Last Name: \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Full Address \_\_\_\_\_

Mothers Name: \_\_\_\_\_  
Legal Guardian

Work # \_\_\_\_\_

Cell# \_\_\_\_\_

Email \_\_\_\_\_

Fathers Name: \_\_\_\_\_  
Legal Guardian

Work # \_\_\_\_\_

Cell# \_\_\_\_\_

Email \_\_\_\_\_

Please list all known medical issues or allergies: \_\_\_\_\_  
\_\_\_\_\_

- Yes- I give ACA permission to give my child Tylenol if needed.
- Yes - I give ACA permission to apply sunscreen to my child if needed.
- Yes- I give ACA permission to transport my child to the nearest emergency facility if needed.

## Authorized Pick –up List and Emergency Contacts Please list individuals authorized to pick your child up from school.

Full Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_