

**2017 Summer Camp
Student Information Sheet**

Grade Completed May 2017: _____

School: _____

Child's Name: _____ (M or F) Home Phone: _____

Child's DOB: _____ Age: _____ Religious affiliation: _____

Address: _____ City & Zip: _____

Parent Name: _____ Email: _____

Address: _____ City & Zip: _____

(If Different from Child's)

Employer: _____ Occupation: _____

Work #: _____ Cell #: _____

Parent Name: _____ Email: _____

Address: _____ City & Zip: _____

(If Different from Child's)

Employer: _____ Occupation: _____

Work #: _____ Cell #: _____

Child lives with: () Both Parents () Mother () Father () Stepmother () Stepfather () Grandparents
of Sisters _____ # of Brothers _____ Other: _____

Custody/visitation arrangements that we should know about: _____

Does your child have siblings/friends that attend St. Andrews? _____ Whom? _____

Emergency Contacts Authorized to Pick Up Your Child (Person to contact in the event neither parent can be reached)

Name: 1) _____ Relationship _____ Phone _____

2) _____ Relationship _____ Phone _____

Pediatrician: _____ Phone Number _____

List any allergies, handicaps, medical or behavioral concerns we should be aware of:

Dietary Restrictions: _____

Medication (list ALL child is taking)

Dosage

Frequency

Medication (list ALL child is taking)	Dosage	Frequency

I verify the above information to be correct and true. I hereby grant permission for the above mentioned individuals to pick up my child.

I hereby grant my permission for St. Andrews School to meet the needs of my child in case of emergency.

Parent/Guardian Signature: _____ Date: _____