



Summer Camp Application - Weekly Enrollment

Child's Name _____ Sex _____

Address _____ Birthdate _____

_____ Home Phone _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Company Name _____ Company Name _____

Company Address _____ Company Address _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-mail address: _____ E-mail address: _____

Persons authorized to pick-up child and/or contact in case of an emergency if neither parent is available:

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone _____ Phone _____

Child's Doctor _____ Phone _____

Address _____

Allergies: Yes No Please list known allergies: _____

I give permission to Keyboard Kids to reapply sunscreen as needed. Yes No

My child is in good health and may participate in all activities. Yes No

Signature of Parent or Guardian

Date

