

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies? No ___ Yes ___ * If yes, please explain _____
*(Use back of form if needed)

Please give any information concerning your child, which will be helpful for staff to know (such as fears, likes or dislikes, any special needs). If there are custody issues with a child, a meeting should be set up with the legal guardian of the child and the KidSpace Director.

EMERGENCY CARE INFORMATION:

Name of child’s doctor _____ Office Phone _____

Name of child’s dentist _____ Office Phone _____

Hospital preference _____ Phone _____

In case of sickness or accident, if neither father nor mother (or guardian) can be contacted, call:

Name _____ Cell Phone _____ Home Phone _____ Relationship _____

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(These emergency contacts should be local residents because they may be asked to pick up a sick child.)

Pick-up Information (People Authorized to pick-up child from camp) Identification will be requested.

Name: _____ Phone Number: _____

Relationship to Child: _____

Name: _____ Phone Number: _____

Relationship to Child: _____

Name: _____ Phone Number: _____

Relationship to Child: _____

Parent or Guardians Signature: _____ Date: _____

*Submitting this application does not necessarily mean your child will be enrolled in the NMC KidSpace Summer Camp. If your child is admitted, you will receive an email or phone call as to the status of your application.

Office Use Only Received on: _____ Initial: _____