|  |  |
| --- | --- |
|  | 2Ts Summer Camp |

# Student Information

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Birthdate: |  | GrADE Age: |  |

|  |  |
| --- | --- |
| Allergies: |  |
| Special Concerns: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Medications: |  | If needed at camp, please indicate when: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Academic Strength | : | Academic Weakness: |  |

## Parent Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mother Name: |  | Father Name: | |  |
| Preferred person to contact: |  | | Email: |  |
| Work Location: |  | | Work Location: |  |
| Home Phone: |  | | Cell Phone: |  |
| Work Phone: |  | | Best method of communication |  |

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Phone: |  | Relationship: |  |
|  |  | | |
| List anyone who can pick up your child: |  | | |