

Preschool Summer Camps

Child Information and Health Form

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Home Phone: _____ Work Phone: _____
Cell Phone: _____

Health Information

My child's special concerns or limitations (for example behavioral, developmental, allergies, dietary restrictions, chronic health conditions' or medications) are:

Please circle what best describes your child's swimming ability:

Non-swimmer Beginner Intermediate Advanced

Alternative Pick-Up

I give permission for the CCBA staff to release my child to the following persons other than parents or guardians.

Name: _____

Relationship: _____ Phone: _____

Address: _____

Permission Statement:

I understand that in registering my child, I give permission for him or her in an emergency to be treated with First Aid and/or to be transported by ambulance to an emergency medical facility. Further I give permission for my child to be photographed while participating in activities.

Parent/Guardian Signature: _____