

DRIFTWOOD DAY CAMP - 2017

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: _____

EMERGENCY CONTACTS & MAY TAKE FROM BUS OR CAMP

	First & Last Name	Daytime Phone	Cell Phone	Relationship
Mother:	_____	_____	_____	Mom
Father:	_____	_____	_____	Dad
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Special Medical and Allergy Information:

Other Information About Your Child: (Educational needs, special needs, bathroom needs, food concerns, nicknames, helpful hints, favorite activities, interests, fears, etc.)