

# DRIFTWOOD DAY CAMP

Due 3/1/18

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.)