



Spanish Schoolhouse

Summer Camps

Child's Information

Last name _____ First _____
Address _____ City _____ Zip _____
Birth date _____ Age _____ Allergies? _____

Parent Information

Mother's name _____ Father's name _____
Address _____ Address _____
Home phone _____ Home phone _____
Work phone _____ Work phone _____
Cell phone _____ Cell phone _____

Emergency Contact (other than parent)

Name _____ Phone _____
Address _____

Release of child

In addition to the parents listed on this form, I authorize Spanish Schoolhouse to allow my child, _____, to leave the facility with the following people only:

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Authorization for Emergency Medical Attention

Physician _____ Address _____ Phone _____

Hospital _____ Address _____ Phone _____

Please list any special needs that your child may have or other information the school should be aware of:

I give consent for the facility listed above to secure any and all necessary emergency medical care for my child. I also authorize the persons under "release of child" to leave the school with my child. I certify that all information above is true to my knowledge.

Signature of parent or legal guardian

Date

I understand that pictures and/or videos may be taken for use in trainings, marketing or other promotions. My signature below gives consent for use of photos or videos of my child for these purposes.

Signature of parent or legal guardian

Date

Date of Admission: _____

Date of Withdraw _____

School Start Date _____