



Spanish Schoolhouse

Summer Camp

Child Information and Authorization Form

Child's Information

Last Name: _____ First Name: _____ Gender: M / F

Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Allergies: _____

Parent Information *(Please circle the phone number that is the primary contact).*

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Please circle the camp sessions and days your child will be enrolled in.

Camp 1	M/W	M/W/F	T/Th	T/Th/F	M-Th	M-F
Camp 2	M/W	M/W/F	T/Th	T/Th/F	M-Th	M-F
Camp 3	M/W	M/W/F	T/Th	T/Th/F	M-Th	M-F
Camp 4	M/W	M/W/F	T/Th	T/Th/F	M-Th	M-F
Camp 5	M/W	M/W/F	T/Th	T/Th/F	M-Th	M-F

Emergency Contact (other than parent). *This is required by the State of Texas.*

Name: _____ Contact Phone Numbers: _____

Name: _____ Contact Phone Numbers: _____

Signature of Parent or Legal Guardian: _____ Date: _____

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: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Authorization for Emergency Medical Attention

Physician Name: _____ Physician Phone: _____

Physician Address: _____

Insurance Company Name: _____ Policy Number: _____

Insurance Address: _____ Insurance Phone: _____

Hospital Preference (Please list name of hospital or write "Closest") _____

Hospital Address: _____

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.

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: _____

<p><i>For Office Use:</i> Date of Admission: _____ Date of Withdrawal: _____</p>
--