

NEIGHBORSCAPES SUMMER CAMP 2010 ENROLLMENT FORM

Camp Location (please select one):

Rich Central High School (Olympia Fields) _____ Wacker Park (Chicago Heights) _____

Student First Name _____

Student Last Name _____

School _____

 M F

Student Birth Date _____

Grade _____

Parent / Guardian First Name _____

Parent / Guardian Last Name _____

Address _____

Apartment # _____

City/State/Zip Code _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Name of Emergency Contact _____

Phone Number _____ Relationship to Child _____

Name of Emergency Contact _____

Phone Number _____ Relationship to Child _____

Does your child have **any** health conditions (asthma, allergies, etc.)? If yes, please list below and complete the health form in the Parent Packet.

Is your child currently on **any** medication? If yes, please list below and complete the health form in the Parent Packet.

(circle one)

I **DO** / **DO NOT** give permission for my child to go home on his/her own

Parent's Signature _____

Date _____