

Enrollment Form

Camps 2019

Camp tuition fees due with this form Student Details Child's Full Name Nick Name Birth Date Gender Age Father/Guardian Details Email Full Name Address Home Phone Cell Number Work Number Home Address Employer's Address Mother/Guardian Details Email Full Name Address Home Phone Cell Number Work Number (if different from above) Home Address (if different from above) Employer's Address EMERGENCY CONTACTS (OTHER THAN PARENT) AUTHORIZED TO PICK UP YOUR CHILD Contact1 Full Name Relationship Address Home Phone Cell Phone Contact2 Full Name: Relationship Address Cell Phone Home Phone

MEDICAL INFORMATION			
Physician's Name	Phone		
Address		red Hospital	
Date of last exam	or DT	f last Tetanus AP nization	
Medical Insurance	Insura	nce Number	
Dentist's Name	Phone	Date of Last Exam	
Allergies: (In case of allergies, please fill additional form signed by allergy doctor)			
Dietary Preferences			
Parent or guardian signature		Date	
Parent or quardian signature		Date	

Summer Camps 2019

Please choose the weeks that your child would like to attend:

Schedule & Themes

Week 1	JULY 29- AUGUST 2	<u>Debate</u>
Week 2	AUGUST 5- AUGUST 9	Speech



Consent for Emergency Treatment

I hereby give permission for my child	to
• Be given emergency treatment by a qualified staff n	nember at Eastside Speech & Debate.
• Be transported by ambulance or aid car to an emerg	ency center for treatment.
• Receive medical, surgical and hospital care, treatme or hospital when deemed immediately necessary or child's health.	• • • • • • • • • • • • • • • • • • • •
Parent or guardian signature	Date



Photo Permission Form

use for website/flyers/Facebo	•	•	the school/c	cass during work time and
Yes		No		
I give Eastside Speech & Deb	oate permi	ission to take pictures or	nly for camp	related projects of my
Yes		No		
	-			
Parent or guardian signature				Date
Parent or guardian signature	-			Date