

Office Use Only: MC Barcode _____

MC First Name _____

MC Last Name _____

Participant's Name: _____ Participant's Birthdate: _____

Participant's Home Address: _____

Participant's Home Phone #: _____ Participant's Cell Phone #: _____

Parent/Legal Guardian information below:

	Parent/Legal Guardian #1	Parent/Legal Guardian #2
Name		
Primary Phone		
Secondary Phone		
Email		
Address (if different than participant)		

 Please check here if the participant has **Special Needs** requiring special accommodations

 Please check here if the participant has a **Life Threatening Condition** in order for staff to provide appropriate accommodations

List emergency contacts and other persons authorized to pick up this child from the program. Child will not be allowed to leave with any other person without written authorization from the parents/legal guardian. All persons listed must show photo ID.

Name	Phone Number	Relationship to the Child

My child has permission to check him/herself in and out from the program each day. My child will arrive no earlier than 10 minutes prior to the start of the program and will leave no later than 10 minutes after the conclusion every day. I give permission for my child to arrive and leave camp on his/her own each day. Yes No

Signature of Parent/Legal Guardian

Date