

McIntosh Art Association Summer Art Program information sheet

Camper INFORMATION:

Full Name: _____ Preferred name or nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Present Age: _____ Birth Date: _____ Grade: _____ Circle: Male Female

School: _____

Are you applying for a scholarship? _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Full Name:

(First) (Middle) (Last)

Parent/Guardian Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Is camper living with both parents? ___ If not, with whom? _____

Other than Parent(s)/Guardian(s) please list others who you authorize to pick up your child:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

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EMERGENCY CONTACT INFORMATION:

In the event of an emergency when a parent/guardian cannot be reached, please list the name of an emergency contact.

Name: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

If you are unavailable, is this person authorized by you to give permission for treatment?

Circle: Yes No

MEDICAL INFORMATION:

Child's Physician: _____

Phone: _____ Insurance Carrier: _____

Group Number: _____ Name of Policy Holder: _____

Relationship to Child: _____

Does your child have any allergies or any other physical or psychological considerations?

Circle: Yes No

If so please list and specify:
