



Academic Camps Registration Form
(Please complete one sheet per child)

Child's Name _____ Birthdate _____

Weekday School and grade your child will attend Fall 2017 _____

Child's Address: _____

Parent's Names _____

Please circle whom to contact first and which number is best during the day?

Home Phone _____ Work Phone _____

Mom Cell _____ Dad Cell _____

In Case of Emergency (other than parents) _____

Relationship to child: _____ phone _____

Child's Dr. _____ phone _____

Allergies (Please specify food, animals (I have 3 cats) & insect bites)

Medication needed in case of an emergency: (inhaler, epi-pen) Will child have with them? Y or N

What email address is the best to receive all camp communications? (please print clearly)

Primary Email Address _____

Secondary Email Address _____

People authorized to pick up my child are:

_____ relationship _____ # _____

_____ relationship _____ # _____

_____ relationship _____ # _____

I hereby give permission for my child to participate fully in camp - including but not limited to walking field trips to the park, indoor & outdoor games, if appropriate.

Parent/Guardian Signature: _____ Date: _____

Mail completed form to: Stephanie Scalise

3249 Millwood trail, Smyrna, GA 30080 or email to stephscalise@bellsouth.net