



# East Lake Academy Seraphim Summer Information Form

Please complete and return to the teacher on staff by your child's (children's) first day of camp.

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Authorized to Pick Up Child/Children (Other than person completing this form, please list those who are able to pick up your child.)

Name	Relationship	Phone Number During Program Hours
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**About Your Child** Please include any information that you believe will make your child more comfortable in the program. Include special interests, pets, fears, favorite activities, etc.

1<sup>st</sup> Child's Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information** Does your child have any allergies/food restrictions/physical limitations/special needs (i.e. ADD/ADHD, etc.) or special assistance in order to participate?

\_\_\_\_\_  
\_\_\_\_\_

Is your child taking any medication on a regular basis?  Yes  No

Will the staff be required to administer any medications?  Yes  No

I authorize staff to re-apply sunscreen to my child's face, neck, back, and shoulders.  Yes  No

**About Your Child** Please include any information that you believe will make your child more comfortable in the program. Include special interests, pets, fears, favorite activities, etc.

2<sup>nd</sup> Child's Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Information** Does your child have any allergies/food restrictions/physical limitations/special needs (i.e. ADD/ADHD, etc.) or special assistance in order to participate?

\_\_\_\_\_

\_\_\_\_\_

Is your child taking any medication on a regular basis?  Yes  No

Will the staff be required to administer any medications?  Yes  No

I authorize staff to re-apply sunscreen to my child's face, neck, back, and shoulders.  Yes  No

**About Your Child** Please include any information that you believe will make your child more comfortable in the program. Include special interests, pets, fears, favorite activities, etc.

3<sup>rd</sup> Child's Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Information** Does your child have any allergies/food restrictions/physical limitations/special needs (i.e. ADD/ADHD, etc.) or special assistance in order to participate?

\_\_\_\_\_

\_\_\_\_\_

Is your child taking any medication on a regular basis?  Yes  No

Will the staff be required to administer any medications?  Yes  No

I authorize staff to re-apply sunscreen to my child's face, neck, back, and shoulders.  Yes  No

Staff will administer first aid when necessary. In case of emergency children will be taken to the nearest hospital by ambulance. Photographs/videos, for publicity purposes may be taken during programs. I AGREE TO ABIDE BY THE CONTENTS OF THE EAST LAKE ACADEMY PARENT HANDBOOK.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_