



East Lake Academy Seraphim Summer Information Form

Please complete and return to office "Attention Mrs. Campanella" June 4th.

Mother's Name _____ Father's Name _____

Address _____ Address _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Authorized to Pick Up Child(ren) (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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_____	_____	_____
_____	_____	_____
_____	_____	_____

Child 1 Name: _____

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.

Medical Information Does your child have any allergies/food restrictions/physical limitations/special needs (i.e. ADD/ADHD, etc.) or require 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

Child 2 Name: _____

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.

Medical Information Does your child have any allergies/food restrictions/physical limitations/special needs (i.e. ADD/ADHD, etc.) or require 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

Child 3 Name: _____

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.

Medical Information Does your child have any allergies/food restrictions/physical limitations/special needs (i.e. ADD/ADHD, etc.) or require 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 _____