



ECS Summer Camp Program Application

Child's First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Teacher: _____ Grade: _____ Room #: _____

Parents or Guardian's Name(s): _____

Address: _____ Home Phone #: _____

Mother's Work Phone # _____ Father's Work Phone#: _____

Mother's Cell# _____ Father's Cell Phone#: _____

Person(s) authorized to pick up your child / Emergency Contacts: (Person must show picture I.D.)

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Student lives with: ___ Father ___ Mother ___ Step Parents ___ Foster ___ Legal Guardian ___ Other

Primary Language: English Amharic Other: _____

Is your child under medical care or taking any medication(s)? Yes No

If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school?

Bee Sting Allergy Epi-pen Yes No Other Allergies: _____

Asthma Inhaler Yes No Special Needs / Disability: _____

Diabetes Insulin Yes No Other: _____

Vision / Hearing Glasses Yes No

Family Health Care: Physician's Name: _____ Phone #: _____

Address: _____

Health Insurance# _____

Does the ECS Summer CAMP program have permission to use photos of your child in educational or promotional materials? (There is no cost.) Yes: _____ No: _____

Does your child have permission to check out at 3:00 pm and walk home? Yes: _____ No: _____

Please read and sign below:

I give ECS Permission to give my child first Aid Assistance and Transport my child to the hospital in case of Emergency.

Parent or Guardian Signature: _____ **Date:** _____

ECS Use Only

Enroll Date: _____ Initials: _____

Date Dis-enrolled: _____ Reason: _____