



SUMMER CAMP STUDENT APPLICATION

Today's Date: _____

STUDENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / ____ Grade: _____ Age: _____

Sex: Female Male

Home Address: _____

City: _____, State: _____ Zip Code: _____

PARENT INFORMATION

Mother/Guardian's Name: _____

Home Address

(If different from student's): _____

City: _____, State: _____ Zip Code: _____

Home Phone _____ (if different from cell phone)

Mom's Cell Phone: _____ Email: _____

Employer's Name: _____ Work Phone: _____

Employer's Address: _____

City: _____, State: _____ Zip Code: _____

Father/Guardian's Name: _____

Home Address

(If different from student's): _____

City: _____, State: _____ Zip Code: _____

Dad's Cell Phone: _____ Email: _____

Employer's Name: _____ Work Phone: _____

Employer's Address: _____

City: _____, State: _____ Zip Code: _____

AUTHORIZED FOR PICK-UP

Please list below anyone who is authorized to pick up your child. Note that Brainworks Learning Lab will only release students to authorized persons on this list.

NAME	RELATIONSHIP	PHONE NUMBER

Emergency Contact: _____ Phone: _____

Relationship to Student: _____

Please indicate below any medical condition, allergy, etc that your child may have:

Signature: _____ Date: _____

