

MOUNT DORA CENTER FOR THE ARTS

Camp Enrollment Information

PLEASE PRINT

CHILD'S FULL NAME: _____
(First Name) (Last Name) (Age) (Date of Birth) (Sex)

ADDRESS: _____
(Street) (Apt#) (City) (State) (Zip)

TELEPHONE: _____
(Home Phone) (Cell Phone)

School last attended: _____ Grade _____

FAMILY INFORMATION

Father's Name _____ Mother's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Father's place of employment: _____
(Occupation)

Mother's place of employment: _____
(Occupation)

Persons permitted to remove child: Mother Yes or No Father Yes or No

In case of an emergency or illness, other persons authorized to act for parents:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Physician Name _____ Phone Number _____

Parents marital status: _____ Number of children in family: _____

Please List any health concerns (Allergies etc.)

(Parent's Signature)