

GILMORE PREP'S SUMMER S.L.A.M. CAMP

Child's Name _____ School Year _____

Address _____ Birthdate _____

Male _____ Female _____ Child's Age _____ E-mail _____

Mother/Guardian _____ Contact # _____

Father/Guardian _____ Contact # _____

WILL YOUR CHILD ATTEND THE ENTIRE SUMMER? _____ YES _____ NO

IF NOT, INDICATE THE WEEK(S) YOU ARE REGISTERING FOR:

Full-Time _____ (8:00-4:30) **OR** Part-Time _____ (8:00-12:30) Circle T-Shirt Size YS YM YL

List names of other people that may pick your child up other than you:

_____, _____, _____

Choose a password: _____

Emergency Contacts

1. Name _____ Contact # _____
Relationship to the child _____

2. Name _____ Contact # _____
Relationship to the child _____

3. Name _____ Contact # _____
Relationship to the child _____

Pediatrician's Name _____ Phone # _____

Address _____ Preferred Hospital _____

Please list anything your child is allergic to: _____

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Permission For Photo Release

Often throughout the school year, there are opportunities for photos to be taken of the children while engaged in various activities. These photos may be used on posters, brochures, or on Gilmore Prep's website. In order to take any photos that include your child, I must have your permission to do so. Please be assured that PHOTOS ONLY will be used and no other personal information. Please complete the bottom of this form and return it to me. Thank you.

Permission For Photo Release

Child's Name _____

Parent's/Guardian's Name _____

_____ I give permission for my child's photo to be taken and used on brochures, posters, and Gilmore Prep's website.

_____ I do not want my child's photo taken or used for anything.

Date _____