

Oakmont Community Development Corporation
2023 Summer Camp Program

Child's Full Name	Nickname	Sex	Date of Birth	Age
Street Address	City	State	Zip	First Day of Attendance
				Last Day of Attendance
School Child Attends				Grade

Emergency Information

Allergies and intolerance to food, medications, or other substances. Actions to take in emergency situation
Chronic Physical Problems/Diseases; Pertinent Development Information; Special Accommodations; Special Instructions to Provider

Parent Information

Mother's Full Name		Phone number
Mother's Address (if different from child's)		Employer
Mother's Employer's Address		Mother's Work Phone
Father's Full Name		Phone Number
Father's Address (if different from child's)		Employer
Father's Employers Address		Father's Work Phone
Email address:		
Name of Child's Medical Insurance		Policy Number
Name of Emergency Contact	Street Address	Phone Number
	City State	
	Zip	
Name of Emergency Contact	Street Address	Phone Number
	City State	
	Zip	
Person's Authorized to Pick Up Child (Appropriate custodial paperwork: custody order or other court order) shall be attached if a parent is not allowed to pick up the child: _____		

Parent Signature:

Date: