SUMMER CAMP 2022

Family/Participant CONFIDENTIAL Information Form

This form to be clearly and fully completed by a legal guardian.

| PART 1 | PRINT CLEARLY | | |
|-------------------------|--------------------|----------------|-------------|
| PARTICIPANT # | 1 Last/First Name: | | |
| Group: | Age 4-6 | | |
| PARTICIPANT # | 2 Last/First Name: | | |
| Group: | Age 7-10 | | |
| PARTICIPANT # | 3 Last/First Name: | | |
| Group: | Age 11-14 | | |
| HOME ADDRES | SS: | | |
| | o: | | |
| CONTACT PHO | | | |
| EMAIL: | | | |
| SCHOOL(s) AT | TEND | | |
| PART 2 First/Last Name: | GUARDIAN INFO | | _ |
| Daytime Number | r: | | |
| First/Last Name: | | | - |
| Daytime Number | r: | | |
| ALTERNATIVE | CONTACT, IF GUARDI | AN CANNOT BE R | EACH |
| First/Last Name: | | | |
| Daytime Number | r: | | |
| Relationship to C | Child: | | |
| (OVED) | | | |

PART 3: AUTHORIZED ADULTS (AGE 16 & OVER) FOR PICK UP:

The following person (other than parent/guardian) are authorized to pick up your child and whom only we will release your child. If last minute changes are necessary for pick-up, a telephone call to our office at 708.335.1500 during normal business hours is required. Please inform your alternate that they will be required to show proof of identification.

| Name: | | |
|---|--|--------------------------|
| Phone: | Relationship: | |
| Will your child(s) need a reaso to participate in this program? | onable accommodation underthe Americans with Disak YES NO | oilities Act |
| FIRST/LAST NAME: | | |
| DIAGNOSED CONDITION: | | |
| two weeks prior to the start of South Suburban Special Recre is necessary and completion of | | nrough the scheduling |
| PLEASE LIST ALL FOOD AND | DENVIRONMENTAL ALLERGIES YOUR CHILD(s) HAS | 3 : |
| First/Last Name: | | |
| Food Allergies: | | |
| Environmental Allergies: | | |
| | | |
| | | |
| First/I ast Name: | | |
| | | |
| | | |
| GUARDIAN NAME: | | |
| SIGNATURE: | DATE: | |

This form must be completed and returned prior to the start of Summer Camp. Thank you.