



# Addlestone STEAM Camp Student Information Form

Please fill in all blanks completely. If a blank does not apply, please write N/A.

## I. Camper Information

_____	_____	M	F
First Name	Last Name	Gender	
_____	_____		
Goes By	Birthdate		
_____	_____		
Grade Level	Home Phone		
_____	_____		
Address	City, ST ZIP		

## II. Family Information

_____	_____
Parent I's Full Name	Parent II's Full Name
_____	_____
Parent I's Work Phone	Parent II's Work Phone
_____	_____
Ext.	Ext.
_____	_____
Parent I's Occupation	Parent II's Occupation
_____	_____
Parent I's Employer	Parent II's Employer
_____	_____
Parent I's Home address if different from student's	Parent II's Home address if different from student's
_____	_____
City, ST ZIP	City, ST ZIP
_____	_____
Parent I's Cell Phone	Parent II's Cell Phone
_____	_____
Parent I's Email Address	Parent II's Email Address
_____	_____
Parents' Marital Status	If divorced, person(s) with legal custody

**In case of divorce or guardianship, please provide a copy of the final custody order. All correspondences other than billing will be sent to both parents unless otherwise specified.** If you have an exception, please list the information below:

_____	_____
Full Name of Person(s) to Receive Correspondence	Relationship to Student
_____	_____
Address	City, State Zip
_____	_____
Home Phone	Work Phone

Name of person(s) who has custody. A copy of the custody agreement and any other important information including court orders or restraining orders must be provided to the camp and will be kept in a confidential file.

## III. Medical Care

_____	_____
Child's Doctor <b>(Required for all students)</b>	Phone Number
_____	_____
Family or Child's Dentist <b>(Required for all students)</b>	Phone Number
_____	_____
Child's Medical Insurance Provider	Phone Number
_____	_____
Account/ID Number	Group Number
_____	_____
Insurance Provider Address	City, State and Zip
_____	_____
First Choice Hospital	

#### IV. Student's Medical History

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, recognize that as a result of participation in student activities, medical treatment on an emergency basis may be necessary and further recognize that camp personnel may be unable to contact me for my consent for medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance. Please make the following notations on my child's records:

Does your child have allergies? If yes, please list all allergies.

Does your child take medication for a long-term illness? (indicate illness & medication)

Please list all relevant medical information (e.g. contact lens wearer, heart murmur, etc.)

Parent's/Guardian's Signature

Date

*It is the parents' responsibility to keep all insurance and medical/emergency information current throughout the entire school year.*

#### V. Local Emergency Contacts

Please indicate who should be called in case of emergency if parents cannot be reached.

Name

Relationship

Phone Number

#### VII. Photo Release

I grant permission to the Addlestone Hebrew Academy to publish, distribute and/or sell the image and/or voice of the child named above as recorded for internal use and to promote the camp program. I also grant permission to use my child's name in any news release. I grant these permissions freely and without reservation.

Yes, I grant permission

No, I do not grant permission

Parent's/Guardian's Signature

Date

#### IX. Signature

Addlestone Hebrew Academy reserves the right, without liability on its part, to terminate this child's enrollment or to withhold any services of facility in the event deemed necessary or suitable because of any substantial noncompliance by me or this child with any of our obligations.

My obligation to Addlestone Hebrew Academy shall not be diminished nor shall I be entitled to any refund because of any absence or withdrawal of this child from camp during the session, whether through disability or otherwise, or because of the school's exercising any of its rights.

Please sign this enrollment form and return along with the appropriate forms and non-refundable enrollment fee to AHA.

Parent's/Guardian's Signature

Date